THE ALABAMA
MEDICAL JOURNAL.

VOL. 16. NOVEMBER, 1904. NO. 12

Original Communications.

PRESIDENT'S ADDRESS.*

By M. B. CAMERON, M. D.

Gentlemen of the Medical Association of the State of Alabama:

Once again I greet you in annual convention to perform your accustomed official and statutory duties as members of this organization, and to contribute your gleanings from the fields of science and the broad domain of medical research. I congratulate you upon the pleasure of convening in this quaint and beautiful city, so generous in hospitality and so replete with historic memories. A city whose opening bud of promise and development will soon be a full blown flower of activity and progress by its commercial introduction to a new world, and "if coming events cast their shadows before," we can only hope that all the brightest treasures of the far East may be laid in her lap after the completion of the Isthmian Canal; and that her citizens may appropriate the opportunities to her prosperity, and the entire State's advancement.

We must all realize that additional grave responsibilities, as guardians of the State's public health, will be thrown upon our Association upon the completion of the Panama Canal. The fatal epidemics, and the severe contagious diseases of Japan, China, and all the Eastern islands will continually jeopardize our coast cities through commercial channels. The health officials of this Association are the "watchmen on the towers," to whom the citizens of the State will anxiously look for protection, and if I be permitted to forecast the

*Delivered before the Medical Association of the State of Alabama at Mobile, April, 1904.

future by the experiences of the past—it will not be in vain. The invasion of the State by every epidemic for the past thirty years, has been met and valiantly and successfully fought by our health officials under adverse conditions, and with legal machinery that is a reflection upon an intelligent law-making power.

We have ample laws to protect property and capital, some of them restrictive upon human liberty; we have laws to prevent the destruction of the beasts of the forests, and the birds of the field; we have laws to estop the infection of our orchards and vineyards; and have laws to guard our growing crops—but the legal authority that the health officers of our State and counties have to prevent the spread of small-pox, scarlet fever and diptheria is very limited and inefficient. Repeated efforts have been made to induce the legislature to pass general laws applicable to every city and county in the State, that would be sufficiently radical to control these epidemics by compulsory vaccination, isolation, disinfection and quarantine, but wehave been defeated each time by the cry of encroachment upon individual liberty and personal rights. Very often the men who were the most persistent proclaimers of this opposition to the imaginary sacrifice of human liberty, had recently voted to imprison individuals for boarding moving trains or circulating boycott literature. These laws were probably good in their aims and achievements, but they involved much more restriction of personal rights and liberty than the scope of any proposed health law has done. "Oh consistency! thou art a jewel."

Most of our large cities and the counties in which they are located, have succeeded in having passed statutes giving them ample authority to cope with these dangerous menaces to the public health. To accomplish this, the municipal and county authorities have brought an influence to bear upon their representatives in the General Assembly that they could not well withstand. We might emulate their line of work by acting upon their representatives in the General Assembly that they could not well withstand. We might emulate their line of work by acting in concert, and impress upon the candidates for the Legislature our desires in this respect, showing them we are actuated by motives for the public good, and have no selfish ends to accomplish, and thus enlist their co-operation and support.

Should our efforts directed in this way, fail to secure the passage of a general law by the Legislature of 1906 providing the effectual means of controlling these diseases, we should strive to have local county laws passed embodying such measures, and thus gradually, two or

three counties at a time, accomplish indirectly what it would be impossible to do directly. Local medical laws, with counties at first judiciously selected, where the prejudices and antagonism could be easily overcome, would not attract the attention or invite the enmity of anti-medical cranks that a general law would. With several districts protected by laws of this kind, upon the advent of a serious epidemic of smallpox, the opportunity would be given to prove to the general public the wisdom and effectiveness of a general law that would be more potent than any argument you could make to a Legislative Committee.

THE GREAT AIMS OF THE ASSOCIATION.

Since the organization of this Association, its chief aim and labor has been directed towards: first, the protection of the general public; second, the advancement and improvement of the medical profession.

THE PROTECTION OF THE GENERAL PUBLIC.

The amount of good that has come to every individual citizen of this State through the safeguards thrown around him by this organization is beyond computation. Health, strength and life are jewels that soar far above the reach of commercial valuation; they are to man's physical existence what Faith, hope and salvation are to his spiritual nature. Who can controvert the fact that health has not been brought to the pallid cheek, strength to the tottering frame, and the flickering spark of life arrested under the operation of the ordinances of this Association and the health laws of the State passed under its direction?

Our public health system, handicapped as it is by reservation of legal authority is availed of by our towns and cities, and reaches out into the remotest parts of our commonwealth. Under its operation scientific drainage of our cities has been established, thereby promoting health and lengthening life. Polluted water supplies have been investigated, and means of their purification have been suggested and adopted to such an extent that none of our cities have in late years experienced a visitation of typhoid or dysenteric epidemics of a serious nature. Menaces to the public health in the country districts have been carefully investigated by county health officers, and wherever the legal authority was sufficient, have been removed or abolished. At whatever locality in our State have occurred serious contagious or infectious diseases. there have been found our State, county or beat health officers laboring assiduously for its suppression or eradica-

tion, not only free of charge, but often at the sacrifice of their own time and means.

This has been a labor of love, of devotion to duty with no selfish ends to achieve or sinister motives of heart. This all has been done silently and quietly, without ostentation or public proclamation, and the general public has rarely had the courage to commend it. In fact our health officials have frequently, in their efforts to stamp out a smallpox epidemic, been accused of inability to diagnose the disease, especially when the means employed ran counter to the wishes of such individuals. It is yet fresh in our memories with what speed and thoroughness our gifted State Health Officer conquered an epidemic of yellow fever within the borders of our State without a serious interruption of traffic and travel, and without the arousing of that human panic that nearly always accompanies these visitations. I venture the assertion that the health department of this State, which is evolved and controlled by this Association, has saved to the commerce and business of the State in the past six years ten times the total cost of the health department to the State since its inception.

THE ADVANCEMENT AND IMPROVEMENT OF THE MEDICAL PROFESSION.

Conjointly with the efforts made to protect and shield the public, this Association has unceasingly labored to elevate the standard required to commence the practice of medicine in this State. No high standard of efficiency can be achieved by anybody without learned and trained men as its component parts. Formerly there was no barrier in this State opposed to the practice of medicine save individual inclination, and often the precious jewel of a human life was entrusted into the hands of those who were entirely ignorant of the fundamental principles of health and disease.

Charlatanry, quackery, and many other forms of medical frauds reaped rich harvests from a public untrained and easily deceived. To remedy this was a herculean task, that demanded the fortitude of a brave heart, and the ingenuity of a broad mind. It is well for us as an Association today, and pre-eminently so for the people of the State, that the great mover in this missionary crusade embodied in a high degree these qualities.

From medical ignorance and incompetency we have step by step progressed to a high degree of learning and proficiency. From medical chaos and disintegration we have advanced to that point of order, system, and organization that attracts the attention of the medical world. Formerly a learned, thoroughly trained doctor in our midst

towered as a genius, and was distinguished by his isolation. Now they jostle each other on our streets, administer to the medical needs of the mountaineer, and wage a successful war against the malarial mosquito in the lowlands. The ignorant, the immoral, the incompetent, were freely admitted to the halls of our medical schools without hindrance; while now, if the law is not shunned, no student can begin the study of medicine in this State without having a high school education and a character above reproach. The requirements to practice medicine in this State have progressed from an open door, to four years' study, a diploma from a recognized Medical College, and a final examination before one of our examining boards. This has built up a cultivated and learned body of doctors, whose efforts and scientific attainments are so instrumental in advancing the efficiency of this Association. The personnel of our organization has been wonderfully elevated in the past twenty years, and the depth of medical research and the scientific attainments displayed by the papers read at our meetings, would do honor to any Academy. We must not lose sight of the fact that this advancement and progress of the profession has not been of profit alone to themselves—for to the general public it is a breastwork built against the invasion and encroachment of diseases, a safe-guard in the improvement of sanitation and a blessing in the saving of life. Each decade of doctors has been a great improvement on the preceding one, and from this progress in education and medical learning, the stricken invalid has the benefit for the best chances for recovery.

MEDICAL LEGISLATION.

With all these years of unselfish work on our part, not seeking, asking or endeavoring to obtain any individual profit to ourselves by any measure or law we have advocated, but working unceasingly for better sanitary measures, improved quarantine laws, more authority to exterminate epidemics, and to be left alone in establishing the qualifications to practice medicine in the State; we may well ask the question, why we do not meet with better success in our legislative halls? At the last September session of the legislature we were again harrassed by the Osteopathy bill, which was vigorously pressed by its unfair champion, and viciously fought for by her adherents on the floor of the Senate. Why such a visionary cult, such a dream of physiological impossibilities could amass the strength it did in our State Senate, is a matter for serious consideration. Fortunately by concentrated efforts of the profession all over the State, and the loyal work of many

on the battlefield, we were able to frustrate the efforts to pass such pernicious legislation. But we need not feel secure in the victory and consider that it is final. If we float placidly down the stream of indifference, we will in the next four years drift upon some breakers that will wreck our organization. Efforts are being quietly made to build up a sentiment in this State that will be in sympathy with this Osteopathy movement, and to make it so strong that it will overwhelm and defeat all opposition. This was not the only trouble we had on our hands during the past two legislatures. We met defeat in our compulsory vaccination measure, and our bill to reconstruct the health laws of the State met with violent opposition from the same sources that supported the Osteopathy bill. After being reported favorably by the Public Health Committee and placed on its passage, it was referred back to the Judiciary Committee, where it was a stranger and an alien. It was reported back to the House in such a changed and emasculated condition, that it was only the shadow of its former self. There appeared to be a prejudice on the part of some prominent members of the legislature to every measure advocated by the doctors.

If we expect to retain our present relations with the people and the State in a statutory way, and aspire to achieving much needed legislation, we must first get rid of our stoical indifference along political lines. We cannot expect to pull our professional cloak about us and retire into political seclusion and expect all to go well with us, when we have made no effort to elect men to the General Assembly who are friendly to our cause. The sentiment that a doctor must hands off in all political matters is puerile and untenable, and rightly belongs to the countries and age when men were born into office, and not placed there by the voice of the people. We have a right, in the proper way and spirit, to demand of candidates their attitude in regard to the health laws of our State, and the policies of this Association; and when we find them to be inimicable, we should use every honorable means at our command to prevent their nomination.

The high-toned, honorable, educated doctor wields an influence in his community that would potent and almost irresistible when concentrated in one direction. With this effort made by each member of this Association in his community, carefully and with discretion, we would soon be viewed in a different light than one of indifference and contempt. We must as much as possible separate ourselves from the legislative lobby and go out into the beat meetings and primaries, and demonstrate our strength and influence. The experiences of the past, in fighting unfriendly legislation, has developed the fact that at such times we are seriously handicapped from the want of funds. We very

often have to pay the travelling expenses of doctors from various parts of the State to go to the State Capitol, and use their influence against pernicious bills. Then again it becomes necessary to print and distribute literature to subvert such efforts; these and various other incidental expenses have often to be borne for quite a while by individual members of this body. It appears to me that it would be well to create an emergency fund of $500 to $750 to be used in this way, and put it at the disposal of the President and Senior Censor.

REVOCATION OF LICENSE.

Co-existent with the power to grant the license to practice medicine should be that to revoke it. Many men are granted the privilege to practice, who afterwards prove themselves totally unfit to possess it. The doctor's life should be pure, abstemious, above reproach, ethical, and free from suspicion of criminal practices. Whenever it falls to a low level of morals, or disreputable and criminal professional practices, there should be some means by which the public could be shielded from his abominal conduct. We all know that these medical pirates and bush-whackers exist in some counties of our State. Without conscience or character, intemperate, immoral, they unhesitatingly violate the chastity of our women, and for greed of gain assassinate unborn babes. A law should be enacted by the legislature giving our State Board of Censors the right to try for unprofessional conduct any such doctor against whom charges have been preferred, and to revoke his license if proven guilty. Our Association should endorse the movement, and direct the Senior Censor to importune the legislature to pass such a law.

COUNTY EXAMINATION BOARDS.

We are all proud of the great improvement manifested by the standard of examinations given by the most of our County Boards. Yet there are a few counties in the State, the Boards of which either make no examinations at all, or if they do, submit such primary questions as to enable men to pass whose knowledge, both general and medical, falls far below the standard. These deficient County Boards weaken the high standard of medical education for which we are so persistently striving, for they furnish the avenues for incompetent men to enter the profession in this State.

How to remedy this defect is a matter for serious consideration. At first thought, it would seem that by abolishing the whole system of the County Boards of examination and vesting such authority only in the State Board, would be an effectual remedy. But to do this would require a change in our character, and also demand an amendment

to the laws governing the practice of medicine. besides there are many good reasons why the County Boards should be retained, provided they do good work. As a means to induce the County Boards to give a more thorough examination to the applicants to practice medicine, I recommend that an ordinance be passed by this Association requiring the County Boards to send the papers in each examination to the State Censor, to be reviewed by him and another member of the State Board; and that the certificate of such applicant if successful before County Board, shall also be forwarded to be countersigned by them if they approve of the thoroughness of the examination. If in their opinion the examination is not of sufficient standard, or the answers do not justify the rating, they shall refuse to countersign the certificate and this shall disqualify the applicant. The other member to assist the Senior Censor, in the reviewing, should be the one nearest his official residence.

RECIPROCITY OF STATE EXAMINING BOARDS.

With this improvement to the admission to the practice of medicine in this State, we would be in line for reciprocal relations with the examining Boards of other States. In my opinion reciprocity of State examining Boards is to be earnestly desired, and we should seek to establish such relations with the Boards of all the States that will enter into such an agreement. Changes in fortune, health and happiness very often occur to make a change of residence desirable, and when this comes to a doctor past the meridian of life, when all the intricacies of anatomy, physiology and chemistry are but dim memories, he is not mentally fitted to encounter the serious task of a State Examining Board, although he may be a competent and learned physician. "The mere fact that a physician who has practiced for years in one State and moving to another is unable to pass a licensing Board, by no means proves that he is an ignoramus. He is often rusty on elementary subjects, and may thus be disqualified on a purely technical ruling. In this respect what is merely child's play for the recent graduate, is a veritable hardship for the older man, and it is unjust that he should be compelled to submit to them." Practically speaking, there is no question as to the desirability of interstate reciprocity of licensure on the broad grounds on which it should be based. To accomplish this end must be the co-operative work of the several State Medical Boards, and I recommend that our State Board take some action of this character.

HARMONY THE HARBINGER OF SUCCESS.

There is a growing disposition among some of our members to criticise the method of conducting this Association; and their ground of complaint is that it is too much a one man's organization, and too little time is devoted to purely medical matters.

There are two chief functions connected with this Association—scientific and medical function, which consists in the reading and discussion of papers, and may be participated in by every member alike. These discussions extend through three of our four days' meeting, and we think their character, depth and scope will compare favorably with those of similar organizations. Certainly, if they ever fail to be of a high order, it is the fault of the individual members and not of the organization. Considering the fact that we compose the health department of the State, and have duties arising from that to perform at our annual meetings, it would appear that three-fourths of our time should be sufficient to devote to medical and scientific topics. Secondly, we have legislative functions to perform in carrying out the health and quarantine laws of the State, in adopting ordinances for our direction, and in the election of the officials of this Association. This legislative body is composed of a Senate—the College of Counsellors, and a house made up of two delegates selected by each County Society. This legislative body transacts all the business of the Association and elects all its officers. No one is allowed to vote in such matters but Counsellors and delegates, but as the Counsellors are the product of the Association, and each member is or should be represented by the delegates from his county, all have an equal voice in the transactions of the Association, and therefore no grounds for complaint. The wisdom of not permitting all members to vote is made apparent by the fact that it prevents any County Society where the Association holds its annual meetings from dictating its officers or policies. Our organization is broad and democratic to the fullest extent, entirely free from the "ipse dixit" of anyone, for we make no nominations, but leave every man to vote in accordance with his own desires.

One defect in our legislative body is the fact that the house of delegates is not equally representative. Two delegates from Jefferson county with a membership of 165, and two delegates from Greene county with a membership of eight, does not give a fair apportionment of suffrage. I think it would be wise and fair to allow each County Society to send one delegate to the Association for every ten members, or majority fraction thereof. This would not at once increase

the number of delegates, and it would allow each Society the representation in our meetings that its numbers justify, besides it would be an incentive for each Society to build up in membership.

The College of Counsellors constitute the bone and sinew of our Association. They are the principal warriors in all our battles, the advisors in times of doubt and threatened disaster, and the main financial support when funds are needed; consequently they should be men of courage and firmness, with cultivated and trained minds, and possessed of sufficient means to promptly meet the financial obligations of the office. They should be chosen from the ablest and best men of our County Societies, and should be as equally distributed by Congressional districts, according to membership as possible. In their selection three distinct qualifications should be kept in view:—strict fidelity to the Association, time of service in our ranks, and mental and moral capacity. Certainly a man of surpassing intellectual qualifications should not be elected to this position if he be wanting in all the others; and the physician who is under a cloud, ethical or otherwise, in his County Society, is unfit to be so highly honored by this Association. Our present method of selecting Counsellors by a committee appointed at each annual meeting is crude and hasty, for they have not the time or opportunity to examine as to the fitness of the names proposed for nomination; and it has often resulted in electing men who should never have been advanced to this position.

This could be remedied by the appointment by the President of a standing committee of one from each Congressional district, to make nominations at our annual meetings to fill the vacancies in the College of Counsellors. The member from each district to confer with the County Societies of his district and make up a list of men most suitable for the place, and from the counties more entitled to the appointment, and to bring this list to the meeting of the committee at the annual meetings of the Association for the entire committee to make the necessary selections from, and submit them to the Association. I would suggest that the term of office of each member of the committee would be three years, except the first appointment, when three shall be appointed for one year, three for two years, and three for three years, after the first year three to be appointed annually for a term of three years. This, after the second year, will give a committee composed of nine members, appointed by three different Presidents, which will effectually efface any suspicion that it is appointed with any special design.

In conclusion, I desire to express to you all, my profound gratitude for the high responsibilities you have entrusted me with by selecting

me as your President, and I assure you that whatever success attends this meeting, is due to your liberal and courteous responses to my requests, and your fidelity to every duty imposed upon you.

THE IMPORTANCE OF THOROUGH CHEST EXAMINATIONS IN OFFICE PRACTICE.*

By J. D. Heacock, M. D.,

BIRMINGHAM, ALA.

The title of this paper, though not suggestive of much interest or fertility, I think merits one distinction—that of not being a hackneyed one. While much is being written and read on new theories and scientific discoveries, surgical technique and far-fetched pathogenesis, we are rarely reminded of the vital import of thorough chest examinations. And what is really deplorable is the fact that many Medical Colleges stress very feebly this important branch of medicine. Two or three to my knowledge do not schedule physical diagnosis as a part of their curricula. I would not like to be prejudged as being a "knocker" or as holding a plaintive air as regards the profession but would like to emphasize the importance of not being lax in these examinations. Incompleteness of work along the line is not so common at the bedside, but with the busy doctor in his office practice. How easy it is to arrive at a diagnosis from subjective symptoms alone rather than spend thirty or forty minutes or an hour during which time the patient has to undress, redress, assume different postures and undergo all the procedures adequate to getting history and all necessary data. Microscopic research and the process of comparative findings under different conditions might prolong the examination for two or three days. But what of it? How could you judge correctly the motion or contour of a chest when covered with clothing, or how reliable could you consider breath sounds or percussion notes when heard through one or two shirts, a waist, or a creaking corset?

Suppose you could hurriedly, with the patient in ordinary attire and posture, detect a confusion of heart sounds, how could you differentiate as to valvular disorder—which valves and how affected? And how could you tell the difference between broncho-vesicular breathing and the sound made by two garments rubbing together? Or how could you differentiate between a left pleural effusion and a dilated or hypertrophied heart? With this query we come to the point, and lay

*Read before the Talladega County Medical Society, Oct. 18th, 1904.

down the proposition that though the doctor's office hours are short and fees small, time and money and patients are saved by thorough examination of the chest. The majority of people report to the office not on account of any painfully besetting ailment at the time, but on account of certain symptoms which suggest to them that something is wrong and that something worse might come. Then it becomes the doctor's conscientious duty to analyze in detail every symptom of the case that an intelligent diagnosis may be made. Otherwise the prognosis which most certainly he will be asked to express will likely place him at some future time in an unenviable light.

The mistake of diagnosing pulmonary tuberculosis for a pleural effusion, or a malignant tumor for a syphilitic gumma, might not be quite such an embarrassing advertisement as a crooked shaft or a disfiguring scar, yet it would likely beget discomfiture for the erring diagnostician. The aspirating of the fluid by another M. D. with rapid recovery in the first case and a reasonable promise of improvement and prolonged life in the second, would at least keep the name of the careless examiner out of the hall of fame. Intelligent medication as well as safe prognosis demands that a fine and discriminating diagnosis be made in every case. The older physician has the ability from long training to grasp the essential details of a case almost at their first glance at the patient. This fact is gratifying, and it is inspiring to note what confidence it begets in the patient, and yet we are reminded of the aphorism of Hippocrates that "experience is fallacious and judgment difficult." So we, the younger practicians, must work along definite lines and apply scientific principles in order to consummate what our fathers took years to accomplish. Then what are the requisites for a complete chest examination? As to armamentaria very little is required. With a room of privacy, good light, a couch or a cushioned table, a first-class stethoscope, and a tape measure we are equipped as far as appliances are concerned. Much more important than appliances, however, is a knowledge of anatomy, not only gross and minute, but regional as well.

And not only must the landmarks of the chest be known but the location of thoracic viscera and their relation to physical signs. Also altered anatomy so that each variation from the normal should not be regarded as pathognomonic. The observer must not form the inference that each departure from the ideal thorax is pathological, but that a relative comparison of the entire bony skeleton, general physique, social status, occupation, etc., is to be considered. It is essential also to install a thorough technique. Strip the patient of clothing, i. e., bare the chests of children and males, and with women, if delicacy

forbids, make bare part at a time. All systematic chest examinations should begin with inspection, not only of the thorax, but the facies, abdomen and extremities. This should be done sitting or standing. As the value of inspection is in the comparison of one portion of the chest with the corresponding portion of the other, we appreciate the value of a light office, so that the light may fall equally on both sides.

Here the physiological departures from the perfect chest, such as long, broad, narrow, deep and hollow should be differentiated from the pathological thorax such as barrel shaped, phthisical and rachitic. Mensuration is of some importance though the chest pantograph for accurate measurement of the thorax, as invented by Hall, of Chicago, in my judgment is not essential to a proper conception of chest contour. The tape for comparative measurement, taking the median line and vertibral column as starting points, I think good enough for all practical purposes. The value of palpation depends largely upon the sensitiveness of the "tactis eruditus," and whether or not the chest is examined in a methodical and systematic manner. By careful palpation of the thorax the respiratory movement, vibratory phenomena and heart topography can be elicited to a helpful degree. In fact education of the feeling faculty is essential to the arriving at of conclusions along this line. Of still more importance is practice and skill in percussion, and it is well, I think, to familiarize ourselves with only one method. Indirect percussion, while helpful and suggestive, is unreliable. The blow when struck upon some interposed medium is often misleading. It is hard to ignore the sound produced by striking this medium, be it plexímeter of rubber, ivory or wood. The finger adds less of a new quality to the percussion note, being of a structure homogeneous with that of the thorax, though this modifies the sounds to a considerable degree. Therefore the direct or immediate method without any interposing object but the direct tapping of the chest with the end of the fingers—this is done in the interspaces as well as on the bony structure—obtains the purest pulmonary resonance. Proficiency in indirect finger precussion is harder to attain, and requires more practice, but is withall more satisfactory. The fingers should be even and the force of the blow should be the same over corresponding portions of the two sides, and at intervals not so rapid that one set of vibrations will break into another. Percussion should be done with the patient both sitting and in the recumbent position. The reason for this is obvious. The method of percussion, however, is not the most important feature, for more depends on the faculty of discriminating between the elements of sound, such as quality, intensity, pitch, and duration. Learning the normal percussion notes, it is easy to com-

prehend conditions which modify them. One particular kind of percussion is not unworthy of mention, and that is auscultatory percussion. In this method the chest piece of the stephoscope is placed over the organ that is under examination. A small chest piece should be used, so as to allow of its being placed between the ribs, thus avoiding the vibrations readily conveyed by the bony thorax. The percussion should be light and as the value is comparative the points percussed should be equally distant from the tip of the chest piece. This within certain limitations is a valuable method of examination, allowing of a differentiation between conditions giving the same sound as between right side pleurisy with effusion, pulmonary consolidation and liver flatness. Of paramount importance in chest examination is intelligent auscultation. In this we have a choice of two ways—immediate and mediate. The first, in which the ear is placed directly upon the chest I think amenable to a number of objections and not so satisfactory. Whereas by the mediate method, when some form of stethoscope is used, we have the advantages of first getting at certain portions of the chest more or less inaccessible to the ear, as the supra-clavicular fossa; second, it limits sphere of examination to the small area covered by the chest piece of the stephoscope; third, delicacy often indicates its use over certain portions of the body, as the breast; fourth, the examination avoids infection and contamination by parasites. However, I think it not unwise to cultivate both methods, as we have our ears always with us. I prefer the Neisura stethoscope, on account of its convenience in carriage and its advantage of introducing fewer extraneous sounds. While muscle sounds or creaking are intensified interference is reduced to a minimum on account of their being so little machinery associated with the instrument.

Just as it is important to know the elements of sound in a normal chest in percussion, so in auscultation it is essential to know the physiology of breath sounds. It is necessary to have a clear understanding of the manner of which normal respiratory and heart murmurs are produced in order to appreciate and correctly interpret the variations that are heard over the different portions of the lungs and heart in health and the alterations that occur in disease. Position of the patient counts for much, even more than in precussion. Hence, the couch in the office being mentioned as a necessary adjunct to office equipment—not simply to get a different posture for the sake of getting proximity to underlying organs, but a few minutes rest in many cases of a nervous type or in any patient as for that matter, after a pull up the stairway will make conditions less misleading. As

we know even the calling of the patient's attention to the act of breathing will affect the same, as well as the heart action.

Anything short of a lengthy dissertation on physical diagnosis would not elucidate this subject as it should be, but I trust that the few hints as to method and technique herein contained, together with their application to a few conditions, will at least remind the gentlemen prensent that correct chest diagnosis in office work is not insignificant. We have a no more forcible reminder of this statement than the fact that the best life insurance companies of today (I am not speaking of soliciting agents) are seeking conscientious diagnosticians to do their work. It has only been a few days since the chief medical examiner of a large insurance company visited Birmingham and inspected the office equipment and investigated the ability of certain prospective appointees, to my knowledge turning one down on account of non-equipment and inefficiency. I would rather say unalertness, because the doctor in question knew physical diagnosis, but was not zealous in making application of it. So much for the commercial side of the question. But there is a more serious aspect of the subject. The patient with sadness and confidence goes to the medical men for advice. He has a life to live, and probably a family to support. Becoming conscious of some insidious malady, his only source of information as to his real condition comes through the doctor, and his only authority as to how and where to live is the same. Thus a responsibility that involves duty, skill and sincerity is upon the medical man, whether of his own volition or not, and his measureing up to this depends not only on his qualification, but his earnestness and thoroughness in the execution of his work. The man who does not take the time and care to note changes of underlying tissue in traumatism of the chest wall, knowing that thereby is produced a fertile field for infection in which on account of exertion or excessive mobility might be aroused latent pneumonic energies which might otherwise have continued in abeyance, should be awakened.

When such conditions arise to the dignity of pneumonia and pulmonary abscess, empyema or phthisis speedily follows; then he is indeed awakened, but too late. The man who exercises promiscuous heart medications. gives digitalis for instance, irrespective of the kind of valvular lesions, is at fault. Should he administer this drug, one of the most reliable in the pharmacopoea, by the way, in a heart case with full compensation and dilatation with aortic insufficience and especially when this is complicated with mitral insufficiency, he should not be recognized as a true son of Aesculapius.

But "he that is without sin, let him cast the first stone." I have a

case in mind, Mr. C. B., who reported to the office of a certain Birmingham physician, not much sick, he said, but did not feel right. As to cough and fever he gave a negative history, though he did have some pains just above and in the praecoradial regions. Inspection showed slightly diminished motions, which was confirmed by mensuration. Percussion elicited flatness which appeared to run into that of cardiac dullness. Auscultation elicited embarrassed breath sounds with a few sub-crepitant rales covering a small area. A microscopic examination of what sputa could be raised was made with negative results. The patient was assured of nothing especially serious being present, and with an air of wisdom was instructed as to certain hygenic precautions and advised to go ahead and work. About four weeks after that visit, he, while at a base ball game, had a profuse pulmonary hemorrhage, from which he never recovered. T. B., as well as symptoms, which up to that time had been protected by the existing fibroid condition, were then found in abundance in the expectorations every time examined. Very probably had this examination not been too hastily made embarrassment would have been saved the doctor, and the patient's life prolonged. Another instance might be related of an adult male who on presenting himself to the office complained of praecordial distress and angenoid pain, had a feeble pulse, sallow complexion, slight ondema of the extremities, but no valvular lesions nor evidences of hypertrophied or dilated heart. A roseate prospect was presented to him, he went forth, and a few months later autopsy showed a fatty, degenerated heart. Thus we see it pays to take time not only to get physical signs, but every symptom that could be a possible result of the perversion of the thoracic organ.

Chest examination means more than an examination of the chest. As Plato said, "medicine is an art which considers the constitution of the patient, and has principles of action and reasons in each case." While the physician should train his eye to take note of all variations of the normal which are shown by the patient, he must be careful not to permit himself to depend for his diagnosis on the signs alone nor upon those described by the sick man, neither can he coral a diagnosis from what he hears under the chest piece or what he sees under an oil immersion lens. On the contrary he should carefully train his senses of touch, hearing, sight, and discover the so-called physical signs. The objective symptoms seen by the physician, the subjective symptoms described by the patient and the so-called physical signs elicited by the methods as herein hinted are to be joined together in forming a diagnostic view of the case.

A sincere application of these principles to all office cases that present themselves for examination would give character to the medical man and add honor to an already honorable profession.

THE OVARY AND ITS FUNCTIONS—A STUDY IN MINUTE ANATOMY.

By E. H. Sholl, M. D.,

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Few of the labors of the microscopist have been rewarded with such complete success as his investigations of the function of that organ which prepares and frees the germ that vivified, in due time is evolved as theperfect being. Although as yet unable to trace that which in obedience to the great cause acts as an intelligence, he can from day to day watch its workings as it elaborates from the crude mass the shapely limb, the pliant form and the perfection of every part that gives it its after powers as an independent creature. The ovaria, deriving their name from their relation to the ova, are suspended by an investment of peritoneum which they receive from the broad ligament of the uterus. In shape and size they resemble a large almond, and at a distance of nearly two inches from the uterus are connected with it by a proper ligament.

Prior to the year 1668 when Steno asserted their true nature, they were thought to be identical in function with the male testis. During the seventh week of embryonic life, astructureless blastema can be observed, from which the ovary is developed. The ovary has its indusium or peritoneal coat and the tunica albuginea its inner or fibrous tissue. If then a transverse section be made we find a dense reticulated structure of cellular tissue, the stroma, which holds in its meshes the vesicles of DeGraaf that vary in size as they are deeply imbedded, or are ready for extrusion from a minute granule to 1-4 of an inch in diameter. Previously to DeGraaf the existence of these vesicles had been made known by Vesalius and Fallopius. The more appropriate name for ovisac was designated by Dr. Barry. The tunic of the ovisac is a vascular membrane derived from the stroma, the term ovisac being applied to its non-vascular structure. The ovum is separated from the ovisac by an aggregation of albuminous cells which being reflected to the lining of the ovisac receive the name of membrana granulosa. An investment of the same surrounding the ovum has been named the child-bearing disk. The ovum has its outer and inner border, the zona pellucida enveloping the yelk granules in the centre of which is found the germinal vesicle and within this a distinct cell

the germinal spot, from the fecundation of which a new being results.

The ovisac may be considered the parent cell of the ovum, as it has been shown that the ovum is developed within it. From the coalescence of the several cells in different stages of advancement the outline of the ovisac is given and in its centre is found a single cell, aggregating others to itself until perfected it becomes the plastic material of life, ready for decay or fructification. It is probable that from the earliest infancy these changes are going on in the ovary, for on its functional activity are going on those changes and are dependent those characteristics which especially mark the female and for which she alone is an object of attraction to the other sex. Scarcely keeping pace in growth and development with the other parts of the system during childhood, just prior to the period in which she is capable of conception, a rapid and marked change goes on in this essential part of the female economy. From its exalted nutrition there is an increase in its size, and now the ova are rapidly extended. The ovary is from this time the subject of periodical excitation, analogous with the rutting system of other animals, when a larger supply of blood is determined to it, ova are matured, sexual desire is hightened, and the aptitude for conception is greatest. Let us trace now the changes in the ovum to its maturation. We have seen that it was developed in the centre of the vesicle and held in its place by the proligerous disk. In this wise it proceeds to be prepared for maturation. The cells which fill up the space between the membrana granulosa and the ovum on the side to the exterior of the ovary become liquified. At the same time an exudation takes place from the lower surface of the ovisac, crowding the disk against its upper walls, which also become thinner, preparing for the discharge of the ovum, the membrana granulosa undergoing a peculiar change to be noticed hereafter. A similar change is going on within the ovum. During the same time the germinal vesicle is moving toward the external part of the ovum where the zona pellucida is nearest the ovisac. The germinal spot in its turn is rising up and being ready to emerge, is near the external surface of the ovary, though separated from it by the two coats of the ovum and the albuminous particles of the zona pellucida. These yielding the ovum rises from its bed, is grasped by the extremities of the Fallopian tubes, is carried down to the uterus and discharged with the vaginal secretions. If on the contrary it is to be fecundated, the changes are altogether different. The spermatozoid in which resides the fertilizing influence of the male, must come in contact with it, and the question has been a mooted one as to where the union takes place.

Now it can readily be conceived from the extent of the information we have of the whole process, that either and all of the three views may be correct, namely that the union may take place in the uterus, Fallopian tubes, or in the ovary itself. The proofs of the former are ample, tubal and ovarian pregnancy confirm the hypothesis of the other. After the reception of the spermatic particles by the vagina, wherever fecundation may take place, the spermatazoid previously to meeting with the ovum becomes liquified. This fluidity which it possesses, according to Mr. Newport, is essential to its property as a fertilizing material, for if it retains its former qualities it is not adequate to the fecundation of the ovum. It would appear from this on the authority of an eminently careful observer we could arrive at a conclusion, the contrary of which has been almost an axiom with a powerful argument to support the fact that life and its attributes may reside in the condition of a fluid. If prior to its earliest evidences that microscopic portion of fluid becomes a requisite, its after relation to the system cannot be doubted, when it forms so considerable a portion of the economy. Then finding its way through the albuminous coverings of the vesicle, two cells are seen instead of one, and thus they start in life side by side. Before the ovum emerges a series of alterations takes place in the ovisac itself. A deposition of a yellowish material on its interior by the uniting of cells forms what is known as the corpus luteum. Some of these cells are transformed into fibres connecting and blending the cellular deposit with the stroma.

The contents of the ovisac being expelled, a cavity is left which becomes filled by the growth of the yellow body in the centre of which is frequently found a fibrinous clot dependent upon the rupture of the tunic of the ovisac. The difference between the corporalutea of pregnancy and menstruation, constituting a great point of interest in medical jurisprudence, have been thoroughly discussed and with much variance, but the researches of Dr. Dalton have conclusively shown the peculiarities of each.

If the ovum be not impregnated, the corpuslutum attains its maximum growth in a period of about four weeks, is of no definite shape, and is supplied with fewer vessels, has no regular central cavity nor the stellate lines resulting from the obliteration of the cavity, its walls are less thick, it flattens from absorption of the clot, the yellowish substance becomes softer, irregular in form and shrivels away, its color is a decided yellow and ovisacs in every stage of development are found with it. On the other hand, if the ovisac which is

ruptured by the effusion of fluid and by the absorption of its coats discharge an ovum which is impregnated, the remaining ovisacs which the ovary contains are cut short in their process of development and recede into the meshes of the ovary. In the corpusluteum of pregnancy its greatest size is not attained until after three months have elapsed, is spheroidal in shape and at this period its cavity is regularly oval. Advancing in age the tunic of the ovisac, its lining membrane becomes corrugated, its walls collapse, and as a result of this a radiation of white lines is formed which are distinct in its stellate appearance as long as any trace of the yellowish substance remains, its walls are thicker and of a denser structure, and this appears to be one of the most certain distinguishing marks between it and the corpusluteum of menstruation. Its color is of a dusky hue, and its structure more vascular as it forms a projecting point pushing up the peritoneum. This vascularity it shares in common with the generative organs at this period, and although its size has been deemed a fallacious guide, yet in the majority of instances it will be found to be larger than the other, occupying as it does one-half of the ovarian cavity. The distinctive points here are fairly marked, and if a case presents itself in which the question of difference is to be decided upon, to the correct and careful observer this, with the guides that have been given, will be one that is readily solved.

At the period of puberty the ovary takes to itself the guidance of a new function, that of menstruation, and that it is dominant over this, is proved by the fact that when the ovaries become subject to disease the menstrual discharge is, as a rule, suppressed. Also during the periods of pregnancy and lactation, when these organs are in a state of inactivity, with a few exceptional cases, the menses do not make their appearance. Again, after the climacteric period, when the ovaries become atrophied, the catamenial flow is entirely suspended. Within a few years two theories have been broached as regards the influence which the ovaries possess over the priodical flow to which females are subject. Negrier, Raciborski and others assert that menstruation and the rupture of a Graafian follicle are co-existent and inseparable after the woman has attained the pubert age. Raciborski maintains that the development of the ovisac is menstruation proper, and the bloody discharge secondary depending on local plethora.

Dr. Meigs, in his notes on Colombat gives local plethora, resting in a sure physiological basis the periodical development of the Graafian vesicle as the cause of menstruation. But this doctrine bears its refutation with it, for if menstruation is inseparable from the maturation of ova, how can we account for the fact that conception and child-

bearing have occurred without the menses ever having made their appearance. Surely the contention will not hold that the woman who has given birth to a child has not attained the age of puberty, even although she has never menstruated, nor that the child was born without the evolution of an ovum. If this be admitted, as it must of necessity be, the doctrine of ovulation and menstruation are necessarily co-existent is an untenable one. The observations of Dr. Ritch go to prove that the two are not dependently allied to each other, but that the discharge takes place at any time between the periodical flow, though probably occurring more frequently at its excitation.

The relation which the ovaries bear to sterility may almost be considered that of cause to effect, yet other morbid conditions of the system may supervene to abort the peculiar cells of both male and female, even when a matured ovum is set free. Referring to the ovaries, it would doubtless be found with the test of a microscopic examination that the extended ova are imperfectly prepared, and that consequent on this derangement of function are ushered in those diseases to which the barren female is subject, especially those of a schirrous nature. This same want of power of conception is often connected with a deformed pelvis, and here it may be accounted a wise provision of nature, warding off an unknown and unsuspected danger.

I have endeavored in the course of this study only briefly and cursorily to glance at the points of interest which prominently present themselves, for here, as in all other attempts to speculate on and search out the phenomena of life in its secret and silent processes, one step but leads to another more beautiful and complicated, and thus groping our way to seek out the beauties of this intricate mechanism we are finally absorbed in wonderment at the skill of that Architect whose care is extended to the creation of the universe, but whose silent workings alone reach the embodiment of perfection in the creation of his own image. Indeed, woman's whole life is one of beauty, dependence, and danger, the former alike involving nations in strife and giving joy to many a heart, while the ideal of painter and poet are embodied in womanly form, and the Venus de Medici has for ages been the admiration of the world. Like the vine which seeks support and invested with new charms, so does she in turn cling to a stronger arm, as a thing of joy in happy hours and a consoler in times of sorrow, and if she be a true woman, the hour of maternity with all its dangers is a boon to her existence. The mysterious power which the ovary yields gives freshness to childhood, attraction to womanly graces; if gone, physical beauty departs with it, and in the wrinkled features and decrepid form, with gradual loss of mental force, we have full evidences of its control.

MAJOR OPERATIONS PERFORMED AT ST. VINCENT'S HOSPITAL.

By E. M. Robinson, M. D.,

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Case 1. Miss M., age 40 years; old maid; history of cancer in family. Profuse menstruations for several months; has become run down; os uteri presents a granulated appearance. Uterus much enlarged. She was cureted June 1st. Symptoms have been relieved; so far, there has been no return of her trouble.

Case 2. Mr. V. Case of Dr. E. M. Prince. Gave history of syphilis. Had fall on right side of head about six weeks or two months before present illness. Present illness began two weeks ago; had difficulty of speech and partially lost use of left leg and arm. Fever was constant. He was admitted about December 25, 1903. His friends said he had suffered such symptoms before, which had disappeared under treatment for syphilis. His bladder and bowels were paralyzed, acting involuntarily. Was given large doses of iodide of potassium with no improvement. Was operated upon on January 1st. A button was removed from point about one inch above upper angle of the ear. The opening was enlarged with Rongeur forceps, and when the membrane was opened a quantity of broken down brain substance, which had a cheesy appearance, escaped. With a dull curet this was removed, leaving a cavity the size of a large walnut, which appeared to be surrounded by perfectly healthy brain substance. There was a profuse oosing, which was controlled by packing the cavity with a loose gauze drain, and the skin flap closed over, leaving one end of the gauze out at the lower angle. None of the symptoms improved and the patient died in about 36 hours. The broken down substance appeared to be mixed with pus. No microscopic examination was made. Diagnosis, broken down syphilitic gumma.

Case 3. Mr. P. Case of Dr. Collins. Fracture of humerus at middle with lower third; was badly bruised. Patient gave history of rheumatism. Fracture reduced, arm placed at right angles with forearm, and fracture held in place by means of plaster of Paris bandage. Upon the fourth day dressing was cut open; the entire back part of the arm was an enormous superficial abscess; the pus was just under the cuticle, which was evacuated and cleansed; did not appear to have penetrated to the fracture. A very large granulating wound was left to heal, which was dressed by means of a window in plaster of Paris

cast. It healed reasonably early. There was no trouble at any time with the facture and union was perfect in six weeks.

Case 4. Age 8 years. Has had attack of epilepsy for four years. These spells came on at first once a month, and increased in frequency until May, 1903, when she was having from 20 to 40 in 24 hours. She was then paralyzed on the right side, and had lost the power of speech. She was removed from the city at this time, and was not seen again until December, when her parents returned to the city. She was then having from 20 to 40 in 24 hours. Her parents had been advised to have her trephined. I offered but little encouragement, but told them it would do no harm, and on January 14th she was operated upon. Opening was made one inch above and behind upper angle of the ear; the membrane protruded through the opening filled with clear fluid, which escaped in great quantities when the membrane was incised. I think there was more than half pint escaped and kept oosing. I placed a small gauze train inside of membrane attempting to form a fistula. This was kept in for two weeks. The escape of fluid which was free for the first few days, became less gradually until the 14th day, when the drain was left out. Fever developed upon the second day after the operation and ran to 102 to 103 for 48 hours; it then subsided. The parozysms began to fall off to 15 to 20 per day and gradually reduced until March; she was having from three to five in 24 hours. She has now only one to three at night and has none in the day time.

Case 5. Mrs. B. R., age 30 years; one child living, ten years old. Had operation eight years ago; don't know what for. Present trouble dated to birth of child, ten years ago. Patient run down; constant pelvic pains; was operated upon January 16th; both tubes and ovaries adherent and enlarged; ovaries and tubes removed. Appendix, which was somewhat inflamed and swollen, was also removed. Recovery complete.

Case 6. Mrs. W. S., age 30; married ten years, never been pregnant; has suffered from painful menstruation since its first appearance. Some mass could be made out in pelvis; very sore in region of ovaries; she suffered from intestinal trouble for several years; pain in region of appendix. Operated upon June 19th; both ovaries enlarged and cystic; both had small hematoma; both removed, also appendix. Recovery complete. Was carried home in two weeks.

Case 7. Mr. J. P., age 45 years. Case of Dr. Parker. Was admitted February 5th; had a large hydrocele which was punctured Feb-

ruary 6th. On February 12th the sack was incised (the fluid having been reformed) and packed with iodoform gauze. This dressing was changed every day. Patient had some fever. Left hospital in one week. Recovery was complete and permanent.

Case 8. Mrs. J. H. Diagnosis chronic appendictis; has had three attacks; appendix removed February 15th. Recovered promptly. Left hospital in ten days.

Case 9. Mr. C. Case sent from Bessemer. Diagnosis ankylosed knee joint. Leg was drawn at right angle to thigh; this followed a cut into knee joint two years ago, which became infected; the leg was forcibly straightened on February 16th under anesthesia, and a Plaster of Paris cast was applied and retained in place for two weeks, when it was cut off and passive motion of knee begun, which was kept up for four weeks, at which time he was able to walk with only slight motion; at this time he has a very good stiff, strong leg.

Case 10. Mrs. P. Italian. Case of Dr. Winters. Diagnosis, catarrhal inflamation of gall ducts. Operated on February 19th. An incision was made over gall bladder; gall bladder was enormously distended; the finger was passed through the feramen of wenslow and the duct explored to the duodenum; this was found thickened; the gall bladder was brought into incision, and stitched to deep facia (after I was convinced that there was no stone in duct), the bladder was opened and emptied of its contents, which was bile. Exploration revealed nothing more than a thickened catarrhal condition of the bladder and ducts. The gall bladder was drained with a small rubber tube and incision closed around it. Patient developed pneumonia 24 hours after operation, and died in two days later from pneumonia.

Case 11. Mr. H., age 30. Diagnosis, acute appendicitis. Admitted on February 22nd. Came direct to operating room. Appendix removed without difficulty; some adhesions, no free pus. Appendix when opened contained a few drops of pus near distant end. Recovery rapid and complete.

Case 12. Mrs. D., age 28 years. married three years; never been pregnant; suffered from ovarian trouble for six years; very frail. Acute appendicitis, 36 hours standing; was carried to operating room as soon as admitted to hospital; found a red, swollen appendix; removed appendix, which was inflamed. Ovaries and tubes were examined and left side was found to be very much enlarged and adherent, but owing to the weakened condition, it was thought best to abandon any further operation. She did very well for ten days, when a mass

formed in left ovarian region. Fever went up. Blood examination showed increase of leukocytes; these symptoms disappeared after opening bowels thoroughly and by use of hot douches, etc. She never regained her strength, and inflammatory rheumatism developed in left arm and leg three weeks later, and she has been so reduced ever since that she has not been in a condition for operation. The pelvic condition remains about the same, except the temporary relief she gets from paliative treatment.

Case 13. Miss D., age 40. Case sent in from Bessemer; never been married; has suffered from painful and profuse menstruations for several years; examination revealed a retroflexed uterus, which was limited in its movement. On March 3rd, os was dilated, uterus curetted and mopped out with solution of iodoform and ether. The abdomen was opened and uterus stitched to the anterior wall. Recovery was prompt and symptoms were relieved.

Case 14. Mrs. T. Was admitted on March 9. Has had one child; had an abortion four weeks ago; has had profuse hemorrhage at intervals ever snce, in consequence of which she is very much reduced; was operated on March 15th, when membrane and particles resembling placenta were removed. Symptoms promptly disappeared; recovery satisfactory.

Case 15. Mrs. J. R. P., age 54. Diagnosis, curcinoma of uterus. On March 15th a complete hystorectomy was made, by the combined vaginal and abdominal method. The disease was so advanced that when traction was made upon fundus, the fingers were pushed through the uterus wall. She was drained through vagina. Owing to her weakened condition, she did not rally rapidly from the operaton; she left the hospital in two weeks, and improved some for awhile, but the disease returned and she died six months later.

Case 16. Mrs. W. G. B., age 20. Married two years; never been pregnant; since soon after marriage she has suffered greatly at menstral periods. Upon examination both tubes and ovaries enlarged and very sore: After resorting to paliative treatment for some time without results, operation was advised. March 17th, after opening the abdomen, both ovaries were found to contain a hematoma as large as a chestnut; both were cystic; the tubes were adherent at their extremities; both tubes and left ovary were removed; right ovary was excised, leaving some healthy ovarian tissue. Recovery satisfactory.

Case 17. Mr. F. G., age 53. Potts fracture, caused in a runaway accident; patient anesthised and plaster of Paris cast applied. Recovery prompt.

Case 18. Mr. D., age 24. Dr. Winter's case. Double fracture of femer. Plaster of Paris cast applied from hip to knee, and leg then placed in Hodgen's splint. Recovery satisfactory.

Case 19. T. S. Servant girl, age 24; married, but no children. Diagnosis, acute appendecitis; after being admitted was carried to the operating room, as soon as prepared, on May 4th. Patient operated on and found a red, swolen and acutely inflamed appendix, which was removed; wound closed and recovery rapid.

Case 20.—Mr. C. W., age 21. Miner. Was caught between two tram cars in a wreck, breaking left femer at middle, causing great traumatism to left side of pelvis and peritoneum, etc. Was badly swollen and bruised. Bladder enormously distended. After prolonged and careful effort, I was unable to introduce a catheter. It was thought best to empty the bladder from above pubes, and a trocar and canula was introduced and the trocar was removed and bladder emptied of great quantities of blood and urine and washed out with saline solution; a soft rubber catheter was inserted through canula and retained by stitching to the skin; by means of another rubber tube attached to the catheter the lower end of which was placed in a vessel under the bed the bladder was kept syphoned out for 11 days, at which time he was able to pass urine through the urethra. The leg was placed in a Hodgens splint. Recovery was slow, but otherwise satisfactory.

Case 21. J. H. A., age 47. Has been suffering for several years from hemorrhoid. An abscess had formed and caused a fistula. Operated upon on the 12th day of May, hemorrhoid ligated and cut off, fistula opened and scraped out. Recovery satisfactory.

Case 22. Mrs. F. C., age 30. Had two children; miscarried two weeks ago; profuse hemorrhage continuously after she was anesthetised; uterus cureted May 14th; membranes and parts of placenta removed, uterus washed out and symptoms at once disappeared.

Case 23. Mrs. C. M. S., age 36. Married five years; never been pregnant; always been very well until about six months ago when she began to be troubled with discharge from vagina and painful menstruation. Examination revealed a small, contracted os; this was dilated and uterus mopped out. The symptoms are better, but not entirely relieved.

Case 24. Mrs. H., age 38 years. Case of Dr. T. P. Duress, of Walker county. Patient run down. Been a sufferer from intestinal troubles for several years. A movable kidney could be made out on examination; sore and tender over region of appendix. On May 20th

I operated, and found the appendix bound down and inflamed somewhat; also right kidney movable, but not floating. After removing the appendix it proved to have stricture about the middle and it contained fecul concretions. It was thought best to postpone interference with kidney to a later date. The intestinal trouble is better, but she is still suffering some discomfort from the kidney, which should be anchored.

Case 25. C. B. S. Diagnosis, hemorrhoids. Operated on June 10. Ligated and removed. Recovery.

Case 26. S. W. (colored), age 36. Had children, oldest several years old. Was seen by Dr. Garretson, who made a diagnosis of ectopic pregnancy of 10 or 11 months standing; she had menstruated irregularly until four months ago; had severe labor pains and suffered shock and collapse. Has had fever, chills and sweats ever since, and is thoroughly septic at present; is deeply jaundiced. Since the paroxysm of labor four months ago, she had gradually reduced in size. Pulse 140 when admitted, on June 14th; she was carried directly to the operating room, and as soon as prepared I opened the abdomen and found a foetus eight inches long; the placenta was between its limbs and abdomen, the limbs being plexed upon abdomen. The placenta was free from attachment. The ruptured sack was attached to the colon and right partial peritoneum, and connected with right corner of uterus, showing that pregnancy had originated in right tube. There was a tumor larger than a walnut, upon and continuous with fundus of uterus. This tumor was removed and thorough drainage established. Patient put to bed in as good condition as when she went into the operating room, but did not recover from the shock and died 24 hours later. Dr. McLester examined the specimen of tumor microscopically and his diagnosis was fibro-myxoma.

Case 27. B. G. Boy 14 years old. While working on an elevator allowed his heel to be caught between the floor of the elevator and the plate of second story, crushing ankle joint and pulling all the tissues over the lower end of astragulus until they had to be divided to replace them. After the tissue has been replaced, they were stitched together, but the skin flaps began to slough; this left a large, granulating surface which was pretty clean in two weeks, when it was covered with skin grafts, Tirsce method. All of these did not take, owing to the granulated surface not being thoroughly clean, but sufficient skin took to make the process of repair much shorter, and in three months he was able to use his foot.

Case 28. Mr. J., age 50 years. Case of Dr. M. T. Floyd. Diagnosis, carcinoma of axilary glands. It was excised on June 28. Hemorrhage was considerable, and on account of skin over tumor (it had broken down and he had had a hemorrhage which nearly proved fatal) it was packed. No improvement followed. He left hospital one week after operation. His symptoms have been growing worse until now, three months after operation, he is confined to his house and the end seems to be rapidly approaching.

Case 29. S. M., age 30. Servant girl; married, had children. Diagnosis, multiple Fibrona of uterus. Operated on August 31st. Four or five fibroid tumors, ranging in size from a large plum to a large orange, was found in the abdomen and removed with uterus; no adhesions and other complications. Recovery satisfactory. Left Hospital in two weeks.

Case 30. Mrs. H. M., age 34. Married 10 years; has two healthy children, ages 7 and 9; has been sick since the birth of youngest child, seven years ago; very nervous and run down; irregular and painful menstruation; uterus somewhat fixed; very sore in ovarian regions. Operated upon July 4th. hematoma in both ovaries; left removed entirely with tube, right hematoma removed, leaving some healthy ovarian tissue; this incision in ovary was closed by cat-gut. Recovery complete.

Case 31. Mrs. W. J. M. Case of Dr. Cox, of Warrior. Age 38 years; has been married 22 years. Has nine children, baby four months old; has suffered from painful menstruations for ten years; she had been suffering since birth of baby from throbbing pains in right ovarian region, low down; a mass could be palpated upon abdominal examination; was sent to Hospital July 12th and operated upon July 13th; right ovary and tube bound down and tube very much enlarged; both were peeled out and removed; right ovary was cystic; tube enlarged and inflamed. On surface of left ovary was found a small tumor, which was diagnosed by Dr. McLester, colloid-cystoma. Both ovaries and tubes were removed; had no trouble and left Hospital in two weeks. Patient is now suffering from distressing nervous symptoms three months after operation.

Case 32. Mrs. M., age 30 years. Sent by Dr. Parker. Had several children; had an abortion four months ago, followed with fever; has suffered excruciating pain in left ovarian region ever since. A mass in left side. Sent to Hospital June 14th, and operated on June 16th; left ovary and tube adherent; considerable enduration, but no fluid; this ovary and tube were removed, after freeing adhesion; right

ovary and tube cystic. The fundus was somewhat enlarged and boggy on the left side. It was thought best to remove it, which was done; also right ovary. Tumor in left corner of uterus examined. Diagnosis by Dr. McLester, Myo-Fibroma. The appendix was also swollen at its extremity and was removed, contained fecal matter. Patient did well until twelve days after operation; had a pain in left side; very sore and tender. Examination of blood showed leukocytes to be 1,400; she was given salines and hot douches; symptoms very much relieved, but pain continued until she left the Hospital three weeks after operation. They write me that she is suffering very much, and I have asked that she be returned to the Hospital.

Case 33. A. C. S., age 35 years. Borne children. Has been pretty well except for a gradual increase in size of lower abdomen for several months, which gave some discomfort. Has all the symptoms of acute appendicitis at this time; examination revealed fibromatia of uterus. Operated upon July 25th. Median incision; appendix easily found; was acutely inflamed; removed. Five or six fibroid tumors were found and with uterus removed by complete histareatory. Recovery complete. Left Hospital in two weeks.

Case 34. Miss K. G., age 18. Begun to menstrate at 13; has been suffering from painful and scant menstruation ever since commenced; has always been very nervous at menstral periods; has suffered from hysterical convulsions; would be unconscious for hours, and continued month after month. On examination nothing could be made out except tenderness in region of both ovaries. Operation was advised, and upon August 13th, the abdomen was opened and both ovaries were found enlarged; both contained hemotoma; uterus was very small. Both ovaries and tubes were removed. Appendix, which was swollen, was also removed. Symptoms have entirely disappeared, except patient is a little nervous.

Case 35. Mr. S., age 30. Case of Dr. Winters. Diagnosis, tubercular disease of the testicle. Removed. Recovery complete in one week.

Case 36. D. McG., age 65. Case sent from Bessemer. Irreducible ingunal hernia of 20 years standing; had been on a spree for several weeks; had to build him up for a week before his condition would permit of operation. Operated on August 20th; did Bisennie's operation. Operation a success.

Case 37. T. E. M. Case of Dr. M. Waldrop. Superating appendicitis of one week's standing. Operated upon August 28th. After carefully separating adhesions between intestines and parietal perito-

neum, an abscess was opened, liberating quite a lot of yellow pus; the appendix was found in this abscess cavity, which was so friable that it came away when traction was made upon it; this abscess cavity was mopped dry, a drain placed in it, when a mass was discovered high up under the liver. By gently separating the adhesions in this direction, this abscess was reached, opened and drained through the original opening; rubber covered gauze drain was used; this drain was kept in for forty-eight hours and replaced by another drain; this was discontinued in about one week; left Hospital in two weeks' time cured.

Chloroform was the anesthetic used in all these cases excepting one or two. Where drainage is not mentioned no drain was used but the wound was closed throughout.

SOME ADVANTAGES OF COCA IN TYPHOID FEVER.

Our readers who are familiar with the therapeutic resources of Coca, are aware of the many possibilities for its advantageous employment in the treatment of typhoid fever, not merely in convalescence, but throughout the course of the disease.

As a stimulant before the bath we prefer to give a wineglassful of Vin Mariani, in eight or ten ounces of water at from 65 degrees F. to 70 degrees F. Coca, thus copiously diluted with water, augments the secretions and purifies the juices of the body, to eliminate the toxins to which the high temperature of typhoid is due. Besides promoting diuresis Coca prevents constipation, which is such an annoying symptom. When drinking is repugnant the remedy may be advantageously employed by enema, always with the full amount of water indicated.

When it is desired to strengthen the heart, a wineglassful of Vin Mariani may be given clear, without water, or if the mild alcoholic influence is not desired, give two teaspoonfuls of The Mariani in four ounces of hot water. Coca is preferable to strychnine as a heart tonic, and more desirable to use than digitalis; it acts as a food to the muscular tissue, and at the same time has a purifying influence on the blood.

In convalescence a wineglassful of Vin Mariani may well replace all spirituous stimulants, and will hasten recovery.—The Coca Leaf. March, 1903.

Selected Articles.

FEW OF JAPAN'S WOUNDED DIE.

From J. Gordon Smith, War Correspondent of The World and London Morning Post.

(Special Correspondence of the New York World.)

Tokio, Japan, Aug. 2.—The Japanese army surgeons are demonstrating to the satisfaction of medical men sent here by various nations to study their methods that more men recover from wounds when operations are not performed than otherwise.

On the wounded of the armies of Japan now in the field the surgeons are operating in very few cases; in no case do they operate until the second day, and then only as a matter of extreme urgency.

In the main, the wounds of those shot on the field are dressed antiseptically by the surgeons at the front and the dressings are not removed until the soldiers are taken to a hospital, where there are perfect arrangements for treatment of the wounded. Even then there are few operations.

The high percentage of recoveries in comparison with the records of other armies in past campaigns convinces one that this Japanese practice of deferring operation is accomplishing wonderful results.

Both hospitals in Tokio, the Eiju Byoin, or military hospital, and the Sekijuji, or Red Cross Hospital, are single-storied buildings with long, narrow wards, windows and rows of beds on either side; the ventilation is excellently arranged, and everything is spotlessly clean and sweet-smelling. There is no bad odor.

Up to the beginning of July over a thousand sick and wounded had been received at these two hospitals. Not a man has died at either hospital.

NEW YORK SURGEON'S TRIBUTE.

I met Surgeon-Major L. I. Seaman, of New York, late surgeon of the First United States Volunteer Engineers, in one of the hospitals. He was much impressed with the success of the Japanese treatment of the wounded.

"After what I have seen," he told me, as we left the hospital to get into our jinrikishas, "I should hesitate to operate in a single case

at the front. The feature of the Japanese surgeon's work is that he leaves the wound alone, and there are few operations, indeed, almost none at all. Of course there are some few cases, aneurisms and such things, where the knife is used, but it is used no more than is absolutely necessary.

"The 'first aid' dressing of the Japanese is very simple. When it is placed on the wound by the surgeon at the front it is not touched again until a hospital is reached. The wounds are usually aseptic. In fact, from observations which I made in the Spanish-American war, the Boer outbreak and the Boxer rising in China, small-calibre bullets are usually aseptic and heal promptly. The wounds that are jagged and more extensive are caused mostly by the detachment of the jacket and the introduction into the bullet of foreign articles, such as cloth, button, etc., by the lateral impingement of the bullet, or ricochet.

"I have noticed that the wounds of the Japanese soldiers have very minute orifices, those of exit and entrance hardly being distinguishable from each other in appearance.

"From what I have seen so far, I most heartily endorse the Japanese system, and feel that the Japanese surgeons will again prove to the medical men of the world that manipulation and probing of such wounds on the field, except in the rarest instances, is surgical malpractice. The principle of leaving the wound alone is the best, and the 'first aid' dressing the best thing that can be used. It is far better to bandage the wound properly and avoid infection than to risk that danger by an operation under such conditions as prevail in the field.

The Japanese are ever apt pupils, and they are following well the examples set by Lister and Pasteur, to whom military surgery owes its greatest debt. It was those great doctors who simplified its labors and taught the great lesson of non-interference. The soldier who falls on the battle-field from the effect of a ball passing through any but a vital part of his anatomy and who has a 'first aid' bandage promptly applied and is then transported to a general hospital, where the Roentgen rays and the principles of esepsis and antisepsis can be utilized, has a far greater chance of recovery than when his wounds are treated on the field.

"In the war with Spain, there were 95.1 per cent. of recoveries, while 4.9 per cent. died as a result of following these conservative methods. I believe the Japanese have even better results.

SECRET LIES IN RICE DIET.

"To my mind the ration issued to the Japanese soldier has much to do with his immunity from suppurative conditions following serious injury. The freedom of the constitution of the Japanese soldier from inflammatory conditions or urea is largely the result of his diet. that of rice, fish and a simple vegetable.

"The soldier's ration of rice, I am informed, is six 'go,' or about thirty-six ounces, daily. A box like a cigar box for 100 cigars full of rice is served to each man three times daily, and in addition to that ration, which costs three sen (three farthings) the men are allowed six sen (1 1-2 d.) in peace time and seven and a half sen (less than two-pence) in war time. This money is placed in the hands of the commissary officer for the purchase of extras which are given over and above the rice diet. Biscuits and an occasional ration of meat are now served.

In the hospitals eggs are used largely. It may be that some meat is also used, but I have not noticed it. Often two eggs are served. In the case of fever patients or very sick men only rice water or a little vegetable soup is given. It is undoubtedly the diet of the Japanese soldier that is the great secret of the success achieved by the army surgeons. The soldiers are in superb physical condition, and they can far better stand the shock of a bullet wound or an operation than a man who is fed on an unsuitable diet.

UNCLE SAM HAS MUCH TO LEARN.

"The United States has much to learn in the matter of a military ration, especially for fighting in hot climates. The First Volunteer Engineers, whom I accompanied to Porto Rico in the war with Spain, were a thousand men selected from six thousand applicants, all picked men. They arrived without a man sick. In three months they returned home. They had never been under fire, never smelled powder, and had no hardships whatsoever, yet that regiment weighed collectively between five and six tons less than when it started, thirteen men were dead, and 250 on stretchers and hospital cots, while the remainder looked like the entire American Army did when it returned from Cuba a physical wreck.

"The Nineteenth Infantry (regulars) were encamped with us at the same time. They also had not been under fire. Their death list to-

talled thirty-two men, and the percentage of sick was twice that of our force.

"To my mind this condition was solely due to an improper diet. Instead of being given a rice diet when the digestion was impaired, the men were served with "salt horse" rich meat, fermenting tomatoes, beans, etc. The aggravated conditions produced by this increasing irritation of the intestinal tract, as the result of the improper diet, soon produced diseases that floored the forces.

"I and other surgeons begged for rice, but could not get it. Uncle Sam seemed to think that the same diet which was used among the snows of Alaska was good enough for the heat of the tropics. The result was that the whole army was in a state bordering on collapse at the end of the war, and for every man who was killed in the six weeks fourteen died of dicease.

"The Japanese ration, however, is of the best. The non-suppuration of the bullet wounds and the rapid recoveries speak volumes for the fine physical condition and freedom of the systems of the Japanese troops from inflammatory conditions such as those resulting from a rich meat diet.

"And then, again, the Japanese system of treating the wounded is of the best.

SURGEONS SANITARY ENGINEERS.

"The Japanese army doctors have much work to do in keeping the armies up to the highest standard of health so that in battle the soldiers may be fit to do their duty. The surgeons are also sanitary engineers, and they select the sites for camps, arrange camp drainage and inspect all water supplies. It is the rule to send a corps of medical experts in advance, and before the army pitches camp every source of water suuply in the vicinity and every well has been chemically analyzed. Placards are placed at all places where there is water —'This water is good,' or 'This water is bad:' others, 'This water should not be used unless it is boiled for half an hour.'

"These precautions and the good rations in use prevent intestinal troubles."

Kennedy's Extract of Pinus Canadensis is a valuable agent in chronic diseases of the mucous membranes, and admirable for the removal of morbid discharges of every kind.

Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop

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The Journal will be mailed on or about the 15th of the Month. Subscribers failing to receive it promptly will please notify us at once.

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SUBSCRIPTION $2.00 A YEAR, IN ADVANCE

The editor is not responsible for views expressed by contributors.

All communications should be addressed to THE ALABAMA MEDICAL JOURNAL, Birmingham, Ala.

Physicians' Fees from Rich Patients.

Criticisms of physicians and surgeons are frequently made because they demand reasonable compensation for their skill and services and for the responsibility, which must always be considered as an important factor. The Charleston News and Courier makes the following plea for the right on this subject, which will be read with interest by the profession.

"With regard to the enormous fees sometimes charged for attendance on wealthy people, to which so much exception is taken by persons who have nothing whatever to do with the matter, we can see no good reason for finding fault with them. Suppose he patient is a millionaire, who spends hundreds of thousands yearly on the mere pleasures and luxuries of life, and who cannot possibly get more out

of existence than he does. When illness attacks him all the delight of life vanishes and his money is powerless to help him. With death staring him in the face he would gladly give half his wealth to any one whose skill could avert death and restore him to health; but no physician drives such a bargain with him in his dire extremity; and, after all, the largest bill ever yet sent in is small compared to what the patient would pay to a lawyer for gaining a suit, or expend on one or other of his costly pleasures when he is in health. To the honor of the profession, be it said, there are few instances on record of large fees being charged to those whom the doctor knew to be in such circumstances that it would be difficult for them to pay them; while hundreds of instances are known of the most generous treatment of patients in poor circumstances by men who are in the habit of receiving large sums for everything they do."

DAYS OF DESPONDENCY.

August is the proverbial month of German suicides. Many conjectures have been offered as to why August should be the fateful month, and why Germans should be the fated nationality.

It may be safely said, however, that the Irishman is ruunning a close second to the Teuton in the race for self-destruction.

There are several pluasible explanations for the predominance of August as a month of suicides. It is a time of the year when business depression is at its lowest, and when chronic sickness affects the mind as a result of long suffering through the hot days of June and July.

Scarcely a day passes without its suicides, and many are the days when three and four cases of self-destruction mark the coroner's blotter. Opium poisoning, consisting of a solution of lead water and laudanum, and illuminating gas are the favorite methods. The latter is almost invariably identified with negroes.

Shooting and drowning are also very popular means of suicide, although they are resorted to by only impetuous and desperate characters. Illuminating gas offers a gradual, almost painless, progress, is invariably the result of a long-contemplated and deliberately-planned intention.

"Tired of life" is theusual plea of the self-murderer, and he usually leaves a letter to that effect. In determining the cause of despondency the coroner's officials always look for the letter, and it is seldom that their search proves of no avail.

The inquest into the causes of these deaths often reveals pathetic circumstances. Destitution, imagined and actual neglect, unfaithfulness in love, dishonor brought on by another—all these and more are the reasons that lead people to seek contemplated eternal rest.

Miscellaneous Notes.

At the recent meeting of the Talladega County Medical Society the invited guests injoyed the occasion immensely. The Talladega doctors are big-hearted, whole-souled gentlemen, and know how to give their friends a good time. Dr. Cunningham Wilson, Dr. D. M. Talley and Dr. Heacock, of Birmingham, and Dr. W. W. Harper, of Selma, were present.

The Fourth Pan-American Medical Congress, which will convene in Panama the first week in January, next, bids fair to be a most delightful mid-winter trip. The delegates will leave this country by the Atlantic, Pacific and Gulf Coasts the last week in December. They will return by the same routes, or will make round trips.

The public Health Association meeting will take place on the following week in Havana, and those desirous of attending both meetings, can arrange to do so.

There are two routes for the physicians to take from Panama to Havana. The first is by way of Jamaica to Santiago de Cuba by boat and overland by rail to Havana. The second is by water from Panama to Vera Cruz and from there to Havana. The former will probably be the most pleasant trip.

From Havana, the return trip can be made directly north to New York by water or via Miami or Tampa, Florida, or New Orleans. The connections and dates of sailing are now being arranged.

The Panamanian Government has appropriated the sum of $25,000 for the Scientific Session and the entertainment. The Congress will be held from the second to the sixth of January. The afternoons will be devoted to the Scientific Sessions and the mornings and evenings to trips and social functions. So far as can be learned, the program in Panama will be a reception on the first day, by President Amador of the Panama Republic, and the formal opening of the session of the Congress the same evening. On the second day, an excursion to the Canal in the morning, meeting of the various sections in the afternoon, and a banquet in the evening; on the third day, an excursion down the Bay to Taboga Island, where a Panama breakfast will be served, scientific sessions in the afternoon, and a ball in the evening. On the fourth day, an excursion to the U. S. Army barracks in the

morning, section meetings in the afternoon, and the formal closing session in the evening. On the fifth day, an excursion to the plantation of the United States Fruit Company; and on the afternoon of this day, those of the congresistas who intend going to Cuba to attend the meeting of the Public Health Association, will sail for Jamaica, while those who intend going by way of Vera Cruz, or returning home by way of New Orleans or New York, will remain until the following Tuesday.

The Secretaries of the Sections of the Congress for the United States, are: Drs. A. H. Doty of New York, hygiene and quarantine; Judson Daland of Philadelphia, medicine; R. Matas of New Orleans, general surgery; Bert Ellis of Los Angeles, eye; Hudson Makuen of Philadelphia, throat; Frederick Jack of Boston, ear; C. H. Hughes of St. Louis, nervous diseases; Geo. Goodfellow of San Francisco, military surgery; John Ridlin of Chicago, orthopedic surgery; D. W. Montgomery of San Francisco, dermatology; C. G. Kerley of New York, pediatrics; Noble P. Barnes of Washington, therapeutics; Walter Chase of Boston, pathology.

Communications from physicians in the United States, interested in these branches, can be sent directly to these different secretaries. Delegates intending to attend the Congress, desirous of obtaining information concerning it, should communicate with the Secretary of the International Executive Committee in the United States.

Dr. Ramon Guiteras,
75 West 55th St., New York City.

RESPIRATORY TRACT: AFFECTIONS, SYMPTOMS AND TREATMENT.

By Dr. Arthur B. Smith,

SPRINGFIELD, OHIO.

The average physician is frequently vexed in finding a condition which resists his best efforts to bring about a cure. This holds good in almost every disease at some time or other, but particularly in affections of the respiratory tract, where there may be a great variety of symptoms in several cases of the same disease.

Almost every physician has some favorite prescription for coughs, bronchitis, laryngitis, etc., which he uses until suddenly it seems to lose its efficacy—why, no one knows. Then another remedy takes its place until it, too, fails to give the desired result. It is rarely that one finds a cough remedy which will be consistently good in the ma-

jority of cases. Theoretically there appears to be well-founded objection to the use of cough syrups in general, but nevertheless there are times when nothing else gives satisfaction; therefore, the physician pins his faith to that remedy from which he and his patients derive the most good. It is not always easy to find such a remedy, but when it is once found, it is equally difficult to dispense with, and often the physician is almost compelled to resort to a routine treatment. In such cases, of course, he wants the best.

There are constantly being placed on the market new formulas for affections of the air passages. Some of these formulas are of undoubted benefit in some cases, but usually it will be found that the results are far from satisfactory. Many of them cannot be taken when there is any gastric complication, as is sometimes the case, because of consequent nausea and vomiting. Others seem almost invariably to act as cardiac depressants and are highly objectionable for that reason. With the advent of heroin, however, these disagreeable features have, to a great extent, been avoided. Heroin, in the vast majority of cases, can be tolerated by even the most sensitive stomach, and, if any disturbance should occur, it can easily be obviated by decreasing the dosage and then gradually resuming the previous amount. Heroin can be prescribed, in cases which are complicated by an enfeebled heart, without danger of depressing effects. As compared with codeine, its sedative action on the respiration is much more powerful. The fatal dose of heroin is said to be one hundred times the efficacious dose, while with codeine the efficacious dose is one-tenth of the fatal dose. In other words, heroin is ten times safer than codeine, and can be given in much larger doses, if necessary, without danger. It appears to exert a specific action on the center of respiration without causing disturbances of any other organs or centers, and there is no danger of acquiring any habit by its use.

In phthisical patients the well known lack of appetite and intolerance of various foods render it imperative to give remedies which will not in any way interfere with the digestive functions, while at the same time controlling or alleviating the cough and other distressing conditions.

Some time ago my attention was called to a preparation composed of a solution of heroin in glycerine, combined with expectorants, called Glyco-Heroin (Smith). Each teaspoonful of this preparation contains one-sixteenth grain of heroin by accurate dosage. It is of agreeable flavor, therefore easy to administer to children, for whom the

dose can be easily reduced with any liquid, or by actual measurement. It possesses many advantages not shown by any other preparation I have used, and has none of their disagreeable features.

In citing some of the cases treated with this remedy I shall not go into a minute description of any case, but briefly state the conditions which existed and the results obtained, which were uniformly good.

Case 1. S. B., age 16. Caught a severe cold while traveling. This developed into an unusually severe attack of bronchitis. with mucous rales, pain, cough, and some slight fever. Prescribed Glyco-Heroin (Smith) one teaspoonful every two hours, decreased to every three hours. After a few doses were taken there was a decided improvement, the respirations were slower and deeper, the expectoration freer and the temperature normal. In a few days the patient was practically well and able to return to school. No medicine except Glyco-Heroin (Smith) was given and the results from its use were excellent.

Case 2. W. L., aged 31. Acute bronchitis. Painful cough, with difficult expectoration, particularly when in a reclining posture. Glyco-Heroin (Smith) in teaspoonful doses every three hours gave speedly relief and a cure was effected in a few days.

Case 3. S. W., aged 60. Chronic bronchitis. Had coughed for years, with expectoration of a thick, yellow purulent and very offensive matter. Had lost flesh gradually until about twenty pounds below usual weight. No appetite, very constipated, pains all over chest, night sweats and insomnia. Patient on the verge of nervous prostration and greatly weakened. She was given bromides, a tonic, and Glyco-Heroin (Smith), the latter in the usual dose at intervals of two hours. The first few doses were not well borne, as they seemed to cause some nausea, but by giving a smaller dose and then gradually increasing it, tolerance was soon obtained, and the results were remarkable. The cough and expectoration greatly decreased, the appetite improved and the patient became much better in every way. The treatment was continued as before, except that the Glyco-Heroin (Smith) was given every three hours. In three weeks the patient was eating almost everything she pleased, and sleeping well. The night sweats had stopped, together with the cough, and, as the patient expressed it, she "felt like another woman." At present she is in perfect health and needs no medicine except an occasional laxative.

Case 4. B. E., aged 26. Severe bronchitis accompanying an attack of influenza. Various remedies were tried in this case, with negative

results, until Glyco-Heroin (Smith) was given in teaspoonful doses every three hours. In a short time decided relief was obtained and the cough stopped permanently.

Case 5. R. L., aged 6. Capillary bronchitis with pains over chest, cough and difficult expectoration. Glyco-Heroin (Smith) administered 15 drops every three hours. After taking a few doses the condition was much improved, and a speedy return to perfect health followed.

Case 6. W. H., aged 5. Whooping cough. Spasmodic paroxysms of coughing, sometimes being so severe as to cause vomiting. Tenacious mucus was present, requiring great expulsive effort to loosen it. There was a little fever, but the patient was much prostrated and weakened by the cough. Glyco-Heroin (Smith) was given in 10 drop doses every two hours with good results. This was combined with hygienic treatment, the patient being given as much fresh air as possible. In a few days the condition was much ameliorated, the cough under fair control, expectoration was freer and easier to raise, and convalescence uneventful. The case was discharged cured and there were no unpleasant sequelae, the patient at present being in perfect health.

PROPRIETARIES.

During the meeting of the American Medical Association held at Atlantic City last June, representatives of the State Medical Journals conceived and promulgated the idea that mutual interests would be better served, a bond of sympathy and good will created between themselves and the profession at large benefited by an Association termed "The American Association of State Medical Journals."

Oone of their number whose bump of wisdom was more normally developed than that of some of those present, succeeded in having final action on the project deferred until the meeting of the A. M. A. at Portland, Ore., next year.

The points of special interest in their declaration of principles are, (1) No journal of this association shall accept an advertisement of a medicine which is not ethical, and "ethical" shall mean that the product advertised must have published with it not only the names of its constituent parts, but also the amount of such constituents, so that a definite dosage can be determined. Further, such product must not be advertised in the secular press, to the laity. (2) If a product is marketed under a copyrighted name, the manufacturer shall furnish with

it the proper chemical name, and if it be patented, then also the process of manufacture.

(3) All advertisements not covered by the above paragraphs, or which contain extravagant or improbable claims, shall be submitted to the executive committee for approval before they can be accepted.

If the representatives present had any desire or wish for anything further they did not express it, and it is fair to presume that they do not want anything more. Were an excessive or inordinate desire for gain present they might have demanded a share in each company who patronized them or levied on a portion of their patrons' receipts, —pabulum for the "kitty" as it were, but as nothing of this sort was done, they cannot be accused of having had the slightest mercenary or other improper motives when their declaration of principles was formulated.

If they are ever put into actual operation the "bond of sympathy" ought to be ordered exceptionally strong, as it is not difficult to see that the demands made upon it will be unusually heavy.

There is probably no question but that State medical journals, at least the more influential ones, can be conducted without a loss, without a page of advertising matter, as members of the State associations are in a measure morally bound to pay their subscriptions, if, in fact, the State association does not set aside a dollar or two from the annual dues of the members as a reserve for the expenses of their official organ, but the question of profit had better not be discussed.

It is also true that many independent medical journals could be issued regularly from month to month from the amounts received from subscribers, but it is safe to assume that medical editors and publishers "live not by glory alone," and do, undoubtedly, depend upon the commercial side for their maintenance and profit, to a considerable extent.

Notwithstanding the enormous circulation of some of the great daily papers of our large cities, but a small proportion of the excellent service we all enjoy is due to the amount received from subscriptions, and were it not for the general advertiser, the modern newspaper, with its foreign news department as completely served as its domestic, its elegant press work and fine illustrations, brilliant and lucid editorials written by men whose salaries run into five figures, would dwindle to a mere job sheet, more despised than read.

As this project is scheduled to lie over until the next annual meeting of the A. M. A., there is ample time for a thorough consideration of

the subject, and although no prophet, nor the son of a prophet, we venture the prophecy that its consummation will never be accomplished—unless suicide is contemplated, and that the executive committee who are delegated to pass upon the propriety of proposed advertisements will not be compelled to shorten their office hours nor curtail their outside work in order to perform their duties.

Medicinal preparations of a proprietary nature possess a distinctive character as marked as that of individuals, due to the process of manufacture and fixed composition. Many of the better known preparations would not suffer by the publication of their exact formulae, as, for example, when certain complicated laboratory machinery is required for their perfect manufacture, but this is not true of many well known preparations whose nature is that of a simple compound.

It is, however, also true that if the exact formulae of certain proprietary remedies were known and taken to a number of skilled druggists for compounding, the results would differ in nearly every instance.

A common example is the preparation of Essence of Pepsin. Every druggist can make it, and practically all do make it, all perhaps using the standard formula, yet, write ten prescriptions and compare the results! Compound Syrup of Hypophosphites is another example; this preparation can be found on the shelf of every drug store in the country, yet in appearance, taste and action all differ, and in many instances materially.

It is not to be supposed that a preparation can always be duplicated provided the formula is known, but such a procedure would encourage substitution to an alarming extent, and in this fact lies the greatest danger. While substitution is probably not practiced as generally as some writers would lead one to believe, especially by the retail druggist on individual prescriptions, there is another form of substitution which, while in a sense is not deceptive nor fraudulent, is nevertheless an imposition upon the original manufacturer and a source of positive financial loss to him.

This form of substitution is found in the drug stores presumed to be of the higher grade, the store located on the principal street and the most prominent corner. The proprietor has a certain percentage more brains than his uptown or downtown competitor; he has the ability to develop his one time drug store into a department store, with a drug department; he is patronized by the elite, and the high-priced doctors send their prescriptions to him for compounding!

Does this druggist substitute? Not much! He has sufficient intelligence to see beyond the extra dime or quarter profit he might make by using a cheap substitute for a high-priced proprietary; he argues that he charges good prices for his prescriptions and can afford to buy all the high-priced chemicals and compounds that the doctor may write for, but his keenly developed mental equipment soon reaches the conclusion that there is a shorter road to wealth than by the prescription, via the proprietary remedy route.

By the aid of his knowledge of chemistry and pharmacy, and a few timely hints by the editor of his drug journal, he soon perfects an elegant imitation of a certain proprietary, which, strange to relate, often possesses more virtue and curative power than the original. (?)

He now calls upon Dr. So and So and the others who have favored him with their busness, thereby conceding evidence of their confidence in him, and mutely acknowledging their belief in his superior ability, and in a few well-chosen words convinces the doctor that it is foolish to pay one dollar an ounce, or one dollar a pint, for a remedy that can be duplicated for less than one half the amount, as he supposes. The doctor's attention is called to the fact that he, as an intelligent and educated physician, can, of course, readily see that nothing is gained by adhering to the old and genuine preparation, and the result is, he prescribes the druggists' imitation product more or less afterward. By continual efforts in this direction, worthy of a nobler purpose, doctors are constantly imposed upon through a want of proper knowledge of the facts, but who believe the statements repeatedly made by the interested parties.

That harm frequently results from lack of precaution on the part of the physician there can be no doubt, yet, the remedies prescribed are not always absolutely indicated and in many cases the expected results are not obtained, even when this is the case under the best possible conditions, what can one expect from the use of imitations that are known and prescribed as such?

Apart from therapeutic views, it is unfair, venal, dishonest. Persons who further their own interests by appropriating the discoveries of others, and who confiscate the products of the brains of their superiors, are conducting their business along lines which the self-respecting and conscientious physician cannot follow with profit to himself, nor advantage to his patient.

Anything done that will make substitution easy, or which will enable the skilled but dishonest pharmacist to become a party to the deception of physicians, cannot but be looked upon as a step decidedly un-

wise, and in direct opposition to true progress and meritorious advancement.

The outcome of the plans proposed by the A. of S. M. J. will be watched with interest.—Albright's Office Practitioner.

THE THERAPEUTIC VALUE OF PEPTO-MANGAN (GUDE).

By Dr. Vehmeyer, Haren, Germany.

The number of older iron preparations is so considerable that it seems on first sight desirable to weed out some of them, rather than to add to the list. If in spite of this the newer preparations have gained the upper hand, the cause must be sought, not in the attractions of novelty, but in the force of success. Hematogen, which is known to almost everyone, has been so popularized and so extensively used that there seems to be a disposition already to value it less for its blood-forming power than for its appetizing, anti-scrofulous and roborant action.

While I am persuaded of the value of this remedy, which I have prescribed quite frequently and fully appreciate its merits, I have not been able to confirm the statements of those who esteem it on account of its being well tolerated, and have reached contrary conclusions on this point. The custom of many clinicians and experienced practitioners is not to interrupt at once ferruginous medication after the disappearance of the chief symptoms, but to continue it for some time, as in many instances impossible with hematogen. It has repeatedly happened to me, more often in adults than in children, that the patients refuse to continue the use of hematogen after taking the first bottle. They state that it is too powerful and too satiating, and this is the case, not only with irritable and sensitive persons, but those who have an energetic and resolute disposition, and who can be persuaded to resume its use, but finally manifest such a decided repugnance towards the remedy that their wishes must be gratified and another preparation substituted. In such cases I was led to resort to Pepto-Mangan (Gude), which I must credit with being much better tolerated and more agreeable. My observations extend now over a large field,

comprising patients of various ages and conditions of life, so that I am able to formulate a reliable opinion of this preparation in the following conclusions:

1. Pepto-Mangan (Gude) is incontestably a blood-forming preparation, and in this respect is fully equal to every other preparation.

2. Its use is therefore recommended in all those diseases in which, through an increase of blood and improvement of its quality, a cure or a beneficial influence upon the organism is to be expected; as for instance, in chlorosis, anaemia, leukaemia, in chronic diseases of the respiratory organs, in many digestive disorders, especially after diarrhoeas, and in convalescence from various diseases, especially in weak and anaemic women after childbirth.

3. Owing to its great palatability and tolerance this preparation does not require any correctives, and is adapted especially in obstinate and protracted disease, in nervous, neurasthenic, and all other persons who are unable to take other iron preparations even for a short time. In people who require iron and are afflicted with nervous dyspepsia Pepto-Mangan (Gude) is not only by far the best ferruginous preparation, but at the same time a stomachic which has a most favorable influence upon the secretory functions of the stomach.

4. Its blood-forming and in general curative properties depend both upon the direct introduction of iron and upon its power of stimulating the appetite and digestion. Owing to its fortunate composition this preparation deserves a general symptomatic employment.

5. Unpleasant by-effects are excluded.

Pepto-Mangan (Gude) therefore constitutes a valuable addition to our list of remedies. I prefer this preparation, which has never left me in the lurch, to all similar products, and am persuaded that within its field of indications it will prove of equal service to others. As regards the dose it is advisable to follow the printed directions, although in individual cases it may be exceeded without the least untoward effects; for it is one of the prominent advantages of the preparation, that while exhibiting in full its curative effect, it never satiates or becomes repugnant, but permits of administration according to requirements, for a short period as well as many months, and that it is equally well tolerated by children and adults of both sexes without exciting the least aversion.

Dr. Robert Abbe, of New York, has accepted the invitation extended by the President of the Medical Association of the State of Alabama, Dr. C. C. Jones, to deliver the Jerome Cochran Lecture at the next meeting of the Association to be held in Montgomery April, 1905.

SULFONAL AND TRIONAL DEVOTEES.

According to the statements of several down-town druggists, the number of persons in Pittsburg who are addicted to the use of either sulfonal or trional is so large as to be a matter of grave concern. This, they admit, is largely the result of the laxity with which the drugs were sold until very recently. Their use has not been confined to any particular class, the victims coming from the highest stratum of society as well as the lowest. So serious is the attention being given the matter that cognizance of it has been taken by the State Pharmaceutical Board. One of the members of the Board is of the opinion that the number of persons addicted to the use of sulfonal and trional is greater by far than that of the combined devotees of all other drugs and narcotics.

Wherever necessary, the laws regulating the sale of poisons are being invoked against druggists who sell sulfonal or trional except on prescriptions. It is asserted, however, that despite the fact that both drugs are largely in demand here, there has never been a prosecution for their illegal sale, the local druggists having agreed to apply the restrictive law before the matter was taken up by the State authorities.

It is the opinion of the majority of physicians and druggists that the demand will fall away rapidly through the inability of the victims to procure the drugs except at what are known as "dope joints."

A fact concerning both sulfonal and trional which has both a good and evil bearing, is that no one is likely to resort to them from the same motives which lead to the smoking of opium and the use of hasheesh. To a person in normal health there is nothing pleasant or attractive about sulfonal or trional, and even if his taste were depraved, he would not be likely to find them desirable. It is only those whose nerves are out of order or which are being overtaxed and abused who are likely to become victims of these drugs.

A down-town physician whose practice frequently brings him in contact with the unfortunates of the under world asserts that crime among the lower and depraved orders of cities is more often due to the influence of narcotic drugs than it is to the use of intoxicating liquors. He declares that practically every narcotic and anesthetic known has devotees in this city, and that certain unscrupulous persons make a business of providing such drugs.—New York Herald.

THE CONSENT TO OPERATE.

This is the day of operations. Unfortunately, familiarity with surgery has brought with it a corresponding freedom in many hospitals—not a carelessness in surgical methods, but a lack of appreciation of the feelings of those directly interested in the operation and its results. Not only are surgical operations too often treated as trivial affairs free from danger and involving very little pain, but they are too often undertaken without the full consent of the patient or his friends. The issues involved are life or death issues in many cases, but they are not discussed as such. They are not treated with the clearness and candor of ordinary business transactions. While it is a fact that modern surgical methods have been so carefully studied that the danger is small compared with the dangers a quarter of a century ago, yet there is an unknown quantity—a risk in every surgical operation—and no one can be absolutely certain which case will prove the exception.

The demand for clinical material is so great that even when trouble is taken to go through the form of obtaining a patient's consent the interne or the examining surgeon often descends to practically begging people to submit to surgical operations. It is his business to diagnose and give his honest opinion as to the remedy. When, after careful examination, he is convinced that nothing but surgery will remove the difficulty, or at least that it is the quickest way to recovery, simple justice demands that the patient be fully acquainted with the risk.

A German medical journal recently had an article commenting on the lessening degree of confidence in the physician and the increasing tendency to hold him responsible for failures to cure in surgical work. The writer stated that he makes a practice of exacting from every patient a written consent to surgical operation if it should be deemed advisable. A blank form for each hospital contains a line to this effect: "I herewith declare my consent to the operation and every intervention which may be deemed necessary during it." This line is written or signed by the patient as a routine procedure. The writer (Chrobak) mentions severe lessons received when a husband lost his wife as the result of surgery, when he had no intimation that she was to be operated on or was in danger of any kind. Experience has taught him that, in case of a married woman, whenever practicable the written consent of the husband should be secured as a protection both to the hospital and himself.

It is impossible to ever persuade the laity to look at such matters as do the profession, or as nurses and hospital workers do. Encourage-

ment and hope are in order always when the condition will justify it, but to hold out false hopes in order to persuade the patient to be operated on, or to make light of it, is sure to react adversely sooner or later on the reputation of the surgeon and the hospital. In malignant diseases, such as carcinoma, the strong tendency is to promise too much, for with present experience the hope of permanent cure is decidedly unpromising, and that should be made perfectly plain before the patient submits to surgery. The interests of science should not be allowed to blunt our sense of duty to our fellow-man. In summing up, common sense and ethics would seem to demand that surgeons and hospital people in general try to look at every case from the patient's standpoint—that when an operation is necessary the facts of the case be clearly made known to some responsible person and written consent obtained, and that in so-called incurable cases false hopes are not held out in order that someone may get the experience.—National Hospital Record.

INTESTINAL ANTISEPSIS.

Within the past five years the importance of a clean, antiseptic prima vid has become generally recognized. Today there are few physcians who do not begin their treatment of acute diseases with a "clean out." Many follow the "keep clean" maxim and those who are most thorough in this direction discharge their patients soonest. Out of the numerous apperients and cathartics available magnesium sulphate has come to be recognized as the most acceptable for general use. Abbott's Saline Laxative known and used wherever the English-speaking physician practices is unquestionably the favorite preparation of this salt. A later but quite as useful product is Abbott's Salithia a combination of magnesium sulphate (C. P.) lithium and colchicine. This combination has proved to be the best alkaline-saline for use in rheumatism, gout and all manifestations of the uric acid diathesis. The formula explains why: Salithia and Saline Laxative can be used alternately but in either acute or chronic rheumatism Salithia will prove preferable to the Saline as the combined action of lithium and colchicine is secured uniformly and at once. The less often medicine is given in these prolonged cases the higher the patient's opinion of his doctor.

Salithia may be given in teaspoonful doses once or twice daily or even oftener, the usual method being to order it before breakfast and on returning at night. If the morning dose be taken in hot water it

is more efficacious. In severe acute cases of rheumatism where rapid depletion and elimination is essential Calcalith (Calcium carbonate Comp.) is usually exhibited in conjunction with Salithia and the latter may be given every four hours till the bowels act free. Salithia is not at all unpleasant to take. It effervesces freely and even children will take it sweetened slightly. If desirable somewhat stronger solution may be made (two to three teaspoonsful to half of water) this can be sweetened and flavored with a little lemon and taken after effervescence has ceased. Which ever way it is taken Salithia will give prompt and appreciable results and if once used in the treatment of diseases of the uric acid type will not be readily discarded.

YOHIMBIN: ITS USE IN THE TREATMENT OF EYE, EAR, NOSE AND THROAT DISEASES.

This drug, urged by some as an aphrodisiac, is discussed by Claiborne in the Medical News of July 9, 1904. He thinks the following conclusions are justified from a study of his cases:

1. A two-per-cent solution of yohimbinspiegel, either alone or in equal mixture with adrenalin chloride solution, dropped in the conjunctival cul-de-sac from five to six times in ten or fifteen minutes, will produce both corneal and conjunctival anesthesia. Marked anesthesia of the cornea lasts from thirty to forty-five minutes after the last instillation; the conjunctival anesthesia is at no time so profound as the corneal, and disappears several minutes before the latter.

2. There is a slight stinging sensation immediately following the instillation, which becomes less and less with each instillation, finally disappearing altogether.

3. The eye becomes immediately suffused and continues red for more than an hour after the last instillation.

4. There is no widening of the palpebral fissure.

5. There is a moderate but marked dilatation of the pupil, which comes on several minutes earlier after the last instillation with adrenalin and yohimbin in combination than with yohimbin alone, but lasts in either case from fifteen to twenty minutes.

6. The slight blurring of the vision for far and near appears to be due to spherical aberration rather than to paresis of accommodation.

7. Yohimbin alone or in combination with adrenalin is an exceedingly mild mydriatic.

8. Adrenalin when mixed in equal parts with yohimbin in two-per-cent solution loses its constricting power upon the blood-vessels of the palpebral and bulbar conjunctiva.

9. This last mentioned fact suggests the idea that yohimbin may be an antidote to adrenalin chloride.

10. In view of the congestion caused by yohimbin it cannot be considered the ideal anesthetic for operations involving the conjunctiva or muscles.

11. As an anesthetic in cataract extractions and in iridectomy it would probably be effective.

12. On account of the congestion produced by it yohimbin would be inferior to cocaine as an anesthetic in all operations upon the eye.—Ex.

ACUTE TETANUS CURED BY INTRANEURAL INJECTIONS OF ANTITOXIN.

After reporting two cases of tetanus cured in this manner Rogers states in the Medical Record of July 2, 1904, that his experience demonstrates without a shadow of doubt the efficacy in tetanus of injections of anti-toxin into the substance of the motor nerves of the part of the body primarily infected and into the spinal cord. From the wonderful and rapid change for the better noted after injecting the antitoxin into the dorsal cord, in one seemingly hopeless case, it might be argued that the motor nerves could be neglected, but in view of the experiments by Meyer and Ransom this would seem unsafe. The exposure of the nerves in the axilla or high up in the thigh is simple and adds nothing to the gravity of the situation, and in the two cases under the writer's care really seemed very advantageous. What he terms his inexcusable neglect to inoculate the obturator nerve in one case he is convinced led to an increase of the symptoms. That they were checked by injecting the dorsal cord only goes to show the necessity of producing a wound of nervous tissue to secure entrance of the antitoxin. This, by the way, is evidently the crux of the whole problem, and seems a beautiful confirmation of a physiological fact, or perhaps theory, which is as remarkable as it is unique, namely, the complete isolation of at least some nerve cells from the circulation of blood. The tetanus toxin and the antitoxin can only reach these nerve cells through nervous tissue, and normally this course begins with the terminal filaments of the axis cylinders.—Ex.

ELONGATION OF THE UVULA.

As a gargle in sore throat or elongation of the uvula, Kennedy's Dark Pinus Canadensis has very general endorsement, the usual proportion being teaspoonful to glass of water.

APPENDICITIS.

Robert T. Morris, when asked as to the method of preventing the disease, says: "The removal of constipation is the removal of one of the dangers." There is constipation necessarily. It is due largely to interference with peristalsis. The history of the disease is a history of constipation. Then, when a person who is naturally more or less constipated, has the early, prodromic symptoms of appendicitis, let the constipation be corrected, and correction means restoration of natural peristalsis.

Let there be moderation in eating. Nourish him on easily digested diet. Get the bowels regular and keep them so. The free use of pure water is an effctive laxative, obviating all drastic methods. Beware of purging. The small intestines do not need it. The colon is impacted, and its contents should be quickly washed down with a hot, saline, soap enema. With a little patience the water can cleanse the canal up to the caecum; and the colon freed of its contents is an important beginning of treatment. Having cleansed the colon, follow by an enema of sweet oil, that the mucous membrane may be healed. Repeat the water if necessary.

Apply cold compresses to the affected abdominal area, to alley heat and pain. The clothing next to the skin should be light and porus. The relief of pain must be circumspect, or it will impair every chance of recovery, and set at naught every important feature of treatment. Do not give opium or morphine. When the disease has progressed so far as to demand operation, accede to the demand at once.—Modern Medicine, May, 1904.

Jahus contains an article by Dr. Alex Johannessen on infant mortality in Norway, in which it is shown that this country has the lowest of any civilized land, the proportion for the whole country being 95 per 1000. In the towns it is higher (130) than in the country (86), and it is higher for boys (106) than for girls (89). As is the case everywhere it is higher for illegitimate children (150) than for legitimate (93). It rises in the extreme north beyond the polar circle to 150. A peculiarity of the Norwegian infant mortality, and the chief cause of its low rate, is the absence of the usual summer rise due to infantile diarrhoea. From investigation of the records of several parishes during the past two centuries, Dr. Johannessen finds a great improvement in the nineteenth as compared with the eighteenth century, the respective mortalities being 101 and 105; the bad record of the eighteenth mainly due to deaths during the month of January.

VISITING AND POCKET REFERENCE BOOK FOR 1905. The following is the comprehensive table of contents: Table of signs and how to keep visiting accounts, obstetrical memoranda, clinical emergencies, poisons and antidotes, dose table, blank leaves for weekly visiting list, memorandum, nurses addresses, clinical, obsterical, birth, death and vaccination records, bills rendered, cash received, articles loaned, money loaned, miscellaneous, calendar 1905, 126 pages, lapel binding, red edges. This very complete call book will be furnished by the Dios Chemical Co, of St. Louis, Mo., on receipt of ten cents for postage.

ESSENTIALS OF NERVOUS DISEASES AND INSANITY, their Symptoms and Treatment. Fourth Edition, Thoroughly Revised. By John C. Shaw, M. D., late Clinical Professor of Diseases of the Mind and Nervous System, Long Island College Hospital Medical School. By Smith Ely Jelliffe, Ph. G., M. D., Clinical Assistant, Columbia University, Department of Neurology; Visiting Neurologist, City Hospital, New York. 12mo volume of 196 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders and Company, 1904. Cloth, $1.00 net.

Of the progress made in every branch of medicine during the last few years, none has been more prominent than that considering diseases of the nervous system and of the mind. Dr. Smith Ely Jelliffe, therefore, in making the revision for this new fourth edition, has found it necessary to recast the work entirely, bringing the order of arrangement in accord with the present knowledge of these important subjects. Quite a commendable change in arrangement is the grouping of subjects in such a way as to bring out the natural relations of affiliated nervous disorders. This will be found of great service to the student.

In the sections on disorders of the mind, the general views of such leading psychologists as Ziehen, Weygandt, Kaepelin, Berkeley, and Peterson have been carefully weighed. This new fourth edition is well worth our recommendation, and we give it most heartily.

ESSENTIALS OF MATERIA MEDICA AND PRESCRIPTION WRITING. By Henry Morris, M. D., College of Physicians, Philadelphia. Sixth Edition, Thoroughly Revised. By W. A. Bastedo, Ph. G., M. D., Tutor of Materia Medica and Pharmacology at the Columbia University, (College of Physicians and Surgeons), New York City. 12mo volume of 295 pages. Philadelphia, New York, London: W. B. Saunders and Company, 1904. Cloth, $1.00 net.

Dr. Bastedo, in making the revision of Dr. Morris' "Essentials of Materia Medica," has furnished the student with a work complete and up-to-date in every particular. Much of the text has been in great part rewritten. There have been introduced articles on adrenalin, stypticin, and on the iodine and silver synthetics. The present sixth edition is all that could be desired.

ESSENTIALS OF BACTERIOLOGY. By M. V. Ball, M. D., formerly Resident Physician at the German Hospital, Philadelphia. Fifth Edition, Thoroughly Revised. By Karl M. Vogel, M. D., Assistant Pathologist at the College of Physicians and Surgeons (Columbia University), New York City. 12mo volume of 343 pages, with 96 illusrations, some in colors, and six plates. Philadelphia, New York, London: W. B. Saunders and Company, 1904. Cloth, $1.00 net.

Within the last few years rapid progress in Bacteriology has involved many radical changes in the science, necessitating a thorough revision in the preparation of this edition. It is with pleasure we note the inclusion of all the recent advances in the subjects of Immunity, Tuberculosis, Yellow Fever, Dysentery, Bubonic Plague, and other infectious diseases, making the work reflect as faithfully as possible the present status of Bacteriology. We can confidently say this book in the present fifth edition will be found of inestimable service to the student.

ESSENTIALS OF ANATOMY; including the Anatomy of the Viscera. By Charles B. Nancrede, M. D., Professor of Surgery and Clinical Surgery in the University of Michigan, Ann Arbor. Seventh Edition, Thoroughly Revised. 12mo volume of 419 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders and Company, 1904. Cloth, $1.00 net.

This work, now in its seventh edition, has met with a most cordial reception. In this revision the entire book has been carefully gone over and the section on the Nervous System completely rewritten. The illustrations throughout the text are excellent, showing the anatomy of various parts with unusual clearness. Students, and indeed young practitioners, will find the work of great service.

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A NEW TYPHOID-FEVER SERUM.

At the French Medical Congress, held in Paris the latter part of October, Professor Chantemesse read a paper giving an account of the results obtained by a new antiserum in the treatment of typhoid fever. The serum is prepared by injecting soluble typhoid toxin into the horse, according to a method described by the author in a paper read at the International Congress of Hygiene, in Madrid in 1898. He has been using this serum in his service at the Hospital du Bastion 29, for three years and a half, treating in that period 545 cases, with only 22 deaths, showing the remarkably low mortality (for Paris hospital cases) of 4 per cent. During the same period there were treated by the usual methods, in fourteen of the Paris hospitals, 3,199 cases, with 581 deaths, showing a mortality of practically 18 per cent.

As to the mode of action of this serum, Chantemesse says it exerts a rapid and energetic specific effect upon the defensive apparatus of the organism—the spleen, the lymphoid tissue, and the bone marrow. The stimulation which it produces is the greater and more effective the earlier in the course of the disease it is used. The organism must be still capable of reaction, and if the nervous system is already profoundly depressed, the benefit of serum medication is much less evident. Its mode of employment is very different from that of diphtheria antitoxin. In the case of diptheria, the more severe is the disease the stronger should be the dose of antitoxin; but the reverse is true, Chantemesse says, in the case of the typhoid serum which he employs, for the more profoundly the patient is affected the weaker must be the dose of serum.

An exchange states that the Paymaster-General's Department of the regular army reports that since the abolishment of the army post exchange, or the canteen, as it is familiarly called, the savings of the soldiers deposited with the paymaster's office have shrunk nearly $2,000,000. This is not of course an absolute demonstration that the soldiers have lost their thrifty habits; but the army officers and the persons who are intimately connected with the army are of the opinion that the money which was formerly stored away now goes in wild debauches to the dens, joints, and vile resorts of every description which have grown up on the outskirts of all army barracks and camps in large numbers since the passage of the law which forbade the sale of beer and light wines in the camps under strict regulation and under the supervision of the army officers. The strongest kind of support for the canteen has come from total abstainers, physicians, and chaplains, who have no objects to serve but to make the discipline good, the soldier efficient, and the army cleanly and decent.

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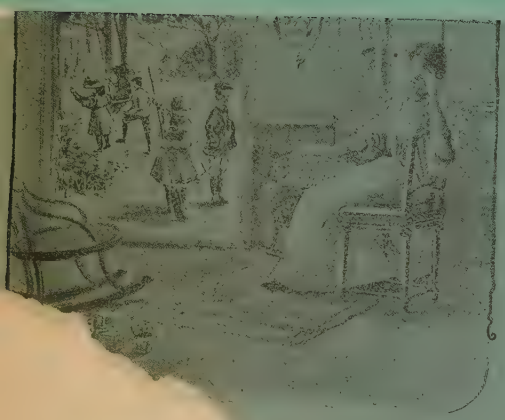

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